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FINAL REPORT

MONTANA DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

NATIONAL SOCIAL SERVICE REFORM 1115 PROJECT

GRANT NUMBER 11 - P - 57263/8 - 01

Donald Sekora
Project Director

August 30, 1973

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Introduction

The purpose of this report is to explicate the work which has been achieved during the past seven months in the attempt to operationalize a social service delivery system which included developing a system of service delivery based on defined needs. This was predicated by the parameters established by the Federal regulations for social services released May 1, 1973. (Appendix 1) It will also identify the advances made in developing a social service information system to provide for the accountability of the service delivery system developed.

The report will be divided into sections. The first section will include the influence of GOSS (goal oriented social services), PFP (program financial plan), and MOSIS (Montana Social Service Information System) on the original project proposal. The second section includes the purposes and objectives of the original proposal and how shifts in federal regulations precipitated necessary changes to this proposal. The next section includes a history; the final section contains the final report conclusion.

Influence of GOSS, PFP, and CASS

Basically, the original proposal's objectives were to demonstrate its approach to the preparation, implementation and continued development of a program and financial plan commensurate with new federal regulations, separation of services from assistance payments, goal oriented social services, purchase of service, and program monitoring and evaluation. Separation of services from assistance payments and purchase of services have been achieved through other projects. (See Appendix 2 for the complete narrative of the original proposal).

Purposes and objectives of Proposal

The other objectives were located within the scope of this project and originally began with the thought of instituting GOSS and PFP within the State. However, after the federal guidelines were redefined, the thinking and planning within the project also had to be reshaped and re-planned. These concepts and objectives were redefined by consultants who devised a TASK plan (See Appendix 3) which guided the work of the project during its' operation. This task plan incorporated the federal guidelines set forth in the Federal Register of May 1, 1973 (Appendix 1) and sought to achieve accountability through measuring social service delivery. Thus, even though GOSS and PFP were not explicitly set forth by federal regulations their basic premises of accountability and a social service delivery system was reflected in the Montana plan. The CASS was also modified and integrated with this social service delivery system and the accountability was operationalized through MOSIS (Montana Social Service Information System).

The remainder of this report will explain the steps through which these outcomes were achieved.

History of the 1115 Project Activity

Evaluation of Service Needs - During the early part of the project the project director completed a comprehensive field trip at which time he visited counties which represented nearly 65 percent of the service load within the State. Out of this trip came an evaluation of what service workers and supervisors perceived the service needs to be within their jurisdiction - both service areas and geographical areas. This was achieved by open, verbal communication through meetings with the director and staff and by explication in writing by staff. An outcome of this field trip was a service needs analysis by size of geographical entities which

included three general areas - urban, semi-urban/rural and rural. (See appendix 4 for comprehensive report).

Basically, the summary of service needs analysis turned up the following information in rank order of need:

For Aid to Families of Dependent Children Services

1. Day Care Services
2. Counseling (marital and parent-child)
3. Homemaker services
4. Employment and training sessions
5. Family planning

For Child Welfare Services

1. Foster care
2. Counseling (marital, parent-child, unwed mothers)
3. Homemaker services
4. Day Care services
5. Protective services

For Adult Services

1. Homemaker services
2. Housing
3. Adult foster care
4. Medical services
5. Transportation services

For a more complete, comprehensive picture of service needs appendix 4 should be consulted, particularly pages 28 through 39.

In general, the common service needs for the programs are day care services, counseling, homemaker and family planning. Homemaker services appear in all three program area classifications.

Evaluation of Goal Needs - During the field visit by the director the area of goals was also evaluated. The following is a summary of these findings and appendix 4, pages 30 through 38 should be consulted for a comprehensive view of this analysis:

Aid to Families with Dependent Children Goals

1. Enable families to function as well as possible within their own communities.
2. Aid families to remain intact and function independently.
3. To protect children and be their advocate.

Child Welfare Services Goals

1. Protect the child and be his advocate
2. To Provide for adequate independent functioning families
3. To have more realistic planning for children.
4. To provide for efficient foster care services.

Adult Service Goals

1. Help adults live independently in their own homes
2. Enable adults to have a role in the Community.
3. Protect adults who cannot act on their own behalf.

These needs and goals have been evaluated and weighed to ascertain their relevancy and congruence with Federal guidelines in terms of providing social services to people requesting services. Project staff summarized these goals into five broad agency service goals consisting of the following:

1. Promote and strengthen family life
2. Self-support
3. Self-sufficiency

4. Child protection

5. Adult protection

These goals could serve to become objectives for the agency in the delivery of social services. Only the self-sufficiency and self-support goals are recognized in the current proposed Federal Regulations for Social Services released May 1, 1973. So in those cases served by the agency covered under these regulations, the other three goals would have to become sub-goals and be related to the two primary goals identified above. Even with the Federal Regulations stipulating goals, it still is appropriate for the agency to have established its own goals since they take into account the specific focus of the agency based on identified needs. For a complete explication of these goals, appendix 10 should be consulted.

Questionnaire - In order to make absolutely certain that service workers and other staff defined general, abstract concepts similar to the interpretation of State Social and Rehabilitation Services, and those concerned with manual revision and defining new federal regulations into policy, a questionnaire was prepared and sent to staff and service workers in the field. The response and return rate was 62 percent, with agreement on definitions on all but three questions. These three questions dealt with homemaker services in adult services, day care for children and the concept of advocacy. Justification for no clear consensus on conceptual definition in homemaker services for adults and day care for children lies in the fact that both family/children welfare workers and adult workers were answering questions in which some of them have no contact with or expertise in. The later question dealing with advocacy was given no clear mandate because it is a relatively new concept or role in Social and Rehabilitation Services and many workers were not familiar with it. The questionnaire made

no distinction between family/child workers and adult workers. For sample of the questionnaire see Appendix 5. For a complete analysis of the Questionnaire see Appendix 6.

Resource Evaluation - During the director's field visits to various county and multi-county offices, resource directories listing all social service resources available to staff were made available to the director. Where there were no directories available, comprehensive lists were prepared by each of the staff listing social services available to them for use by people requesting services from the Department of Social and Rehabilitation Services and that were not provided by Social and Rehabilitation Services.

There appear three significant points appropriate for the report at this time, however, the complete report is contained in Appendix 7 and should be consulted for a detailed, comprehensive evaluation of the resources available to service workers for the Department of Social and Rehabilitation Services.

1. Very few resources are available for service workers in the rural counties and to a lesser degree in the semi-urban/rural counties.
2. A question of quality has to be raised in view of the apparent abundance of resources in specific areas while these particular areas are still listed as priority service need areas. If resources are available it appears need should then diminish.
3. There appears to be a clear-cut difference in workers' roles, job tasks, and responsibilities between urban counties and rural areas. This could be seen more clearly on a continuum with rural counties at one extreme with few resources and urban counties at the other extreme with abundant resources. Semi

urban/rural counties occupy the center on the continuum. The suggestion here is the differences between urban social work and rural social work. For example, rural service workers would either have to be trained to provide service normally available in an agency not considered SRS or they should possess expertise to develop such a resource.

Categorical and Service Status and Projections - In the attempt to make predictions of potential people eligible for services from SRS, a thorough evaluation of trends over the past ten years was completed for all categorical assistance programs. These are found in appendix 8, but may be summarized as follows:

Old Age Assistance - the number of OAA cases by February, 1978 will number 1,877 or a decrease of 34 percent of the current 2,802 active cases.

Aid to Families with Dependent Children - Increase in AFDC will push the total numbers up to at least 10,657 cases by February, 1978. This is based on an increase of only 12 percent per year.

Aid to the Permanently and Totally Disabled - It is estimated this categorical assistance will increase to at least 4,545 by February, 1978.

Nursing Home Care - By 1974 the total in this category will number 3,047 and as longevity increases, so will the numbers in nursing home care.

Child Welfare Services - This area has been increasing the slowest and will number 3,000 by 1978, an increase of 400 from the current 2,600.

Aid to the Needy Blind - For the entire state, the increase in ANB will grow to a total of 210 cases.

Population Projections - As part of the total attempt to totally estimate the future projections in SRS, an evaluation of population trends

was completed. Included in this report which is contained in appendix 8, pages 4 through 12, are birth projections, migration patterns, employment and economic growth patterns, poverty status, and female headed household status and projections.

In summary, the state's population is growing at a rate much faster than originally estimated in 1970, even though forty-two counties continue to lose population. The trend is in migration, lower birth rates, and movement from rural to urban within the state.

The economic status of the state is lagging in more areas than it is growing in others. Only eight states have higher unemployment rates than Montana. Much of this is the forty-four percent Indian work force which is unemployed. Decreases in employment opportunities have occurred in agriculture, mining, construction and transportation and public utilities. Increases will occur in manufacturing, real estate, financial, insurance, wholesale-retail, and government employment, however, not enough to offset the losses.

With the renewed coal mining industry beginning again some of the losses in mining could be picked up once again, however, not all the losses that have occurred can be picked up.

According to the 1970 census there were 68,000 persons living below the poverty level. This is nearly two times the number of individuals assisted by SRS in the state as of February 1973.

Nearly half of the 11,488 divorced and separated women in Montana were below poverty level. Out of this total, 31.9 percent were receiving financial assistance from SRS. However, many of these 11,000 plus are near the poverty level, therefore, may become eligible for services from SRS in the future.

With the increases in urban living occurring from the pattern of rural to urban movement in Montana and all the stresses and problems associated with these changes, social services will be needed to help with maladjustments that occur. A summary of the prevision section and the section on need and goal analysis is contained in appendix 4.

Consultant's Role - A Consultant from Touche-Ross and Company, a National Consulting Firm was retained by this Project to assure proper project administration and organization, to monitor task accomplishments, and to assist in evaluating project accomplishments. The Touche Ross Consultant was on site for four man-weeks of the project and proved to be invaluable in many respects.

The consultants involvement in the project was in these areas:

1. Project administration and Organization - The consultant worked out the task plan with the project director and assisted the director in getting a proper prospective on what had to be accomplished. Since the consultant was an accountant, he worked out and monitored the budget for the project and worked out details with the agency fiscal people. He also helped work out details for the project to be extended.
2. Monitoring Task Accomplishments - The consultant on each one of his visits gave a clear concise report on where the project was at and made very helpful suggestions on where to focus for the next task.
3. Evaluating Project Accomplishments - The consultant in this area helped the project staff identify and outline what had been accomplished. He also aided in completing the final monetary report.

4. In addition to the above, the consultant proved to be very helpful in developing MOSIS due to his technical knowledge of computers. He assisted the project director in meeting with the computer people and also provided valuable assistance in evaluating the technical problems that line social workers identified regarding MOSIS.

In summation, the involvement of an outside consultant insured that the project was well administered and organized and was vital to the tasks accomplished by the project.

Montana Social Service Information System (MOSIS) - In order to establish accountability for a service delivery system, it was decided to emphasize the development of MOSIS which had been limping along since 1971. To bring MOSIS to its current status of being ready to be implemented state wide, a series of tasks were undertaken by the project staff to bring this about. These tasks were:

1. A series of four meetings were held with program people, Data Processing people, and project staff to identify and resolve problems in the system.
2. A visit and interview with selected line workers regarding MOSIS was held by the Project Director and consultant.
3. A programmer was hired through project funds to actually work out the technical problem of the system at the Central Data Processing Center.
4. Constant progress checks were made by the Project Director to see that suggested changes were being accomplished.

For further details of MOSIS's development see appendix 11.

Manual Revision Status - Along with the new federal regulations, the amended social service delivery system, and MOSIS, the SRS has undertaken to revise and update the service manual governing operations within the State. Although work has progressed slowly in some areas, it is being accomplished and has been completed in some areas. (See appendix 12 concerning organization and administration and the broad general policies and procedures for the new service system). This work will continue to progress until such time as revision of all sections of the social service manual is complete.

CONCLUSION

The goals and objectives originally proposed by the SRS in Montana, although amended initially, have been completed. The scope of this particular project encompassing a revised and amended Social Service Delivery System and operationalization of the new federal amendments and guidelines have all been successfully achieved and completed. Manual revisions are now being revised and rewritten to comply with these changes. The case administrative service status renamed the Montana Service Informational System (MOSIS) will begin November 1, 1973 on a statewide basis.

This final report will then complete the work on this portion of the National Service Reform 1115 Project

APPENDIX 1
Social Service Regulations

TUESDAY, MAY 1, 1973

WASHINGTON, D.C.

Volume 38 ■ Number 83

PART II



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Social and Rehabilitation Service (Assistance Programs)

Service Programs for Families and Children and for Aged, Blind, or Disabled Individuals: Titles I, IV (Parts A and B), X, XIV, and XVI of the Social Security Act

RULES AND REGULATIONS

Title 45—Public Welfare

CHAPTER II—SOCIAL AND REHABILITATION SERVICE (ASSISTANCE PROGRAMS), DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

MISCELLANEOUS AMENDMENTS

Notice of proposed regulations for the programs administered under titles I, IV-A, IV-B, X, XIV, and XVI of the Social Security Act, which would in general revise, combine, and transfer to a new part 221 the regulations for the Family Services and Adult Services programs (in parts 220 and 222), and purchase of service (in part 226), was published in the *FEDERAL REGISTER* on February 16, 1973 (38 FR 4608). A total of 208,515 comments were received from 198,759 individuals and organizations including Congressmen, governors, State legislators, other State officials, mayors, aldermen, faculties, and students of universities and colleges, labor unions, local chambers of commerce, business executives, providers of child day care and other services, State and local directors of public welfare, civic, professional, and religious organizations, and many others.

Specific comments covered the following substantive concerns:

1. Section 221.6(c) as proposed would exclude from day care many children of working mothers who would then have to quit work and go back on assistance rolls. The 133 1/3 percent of the assistance payment level, they claimed, was below 100 percent of the assistance payment standard in several States. Many also felt that the requirements for potential applicants and recipients would seriously limit the number of people eligible for family planning services and thus go counter to congressional and administration objectives in this service area.

Concern was also expressed by a large number of respondents over the effect of these requirements on availability of day care services for mentally retarded children who, without these services, may have to be institutionalized.

The proposed eligibility requirements for potentials and the limitations on costs which could be matched, it was claimed, would make it very difficult to deinstitutionalize aged and mentally retarded recipients who, with services, could live in the community.

These comments were considered and the provisions of § 221.6(c) as proposed have been modified to raise the income limit for eligibility as a potential applicant for or recipient of AFDC to 150 percent of the State's financial assistance payment standard and, with respect to child day care, to authorize use of a State fee schedule for families with incomes above that level but not in excess of 233 1/3 percent of the State's financial assistance payment standard. The income limit for potential applicants for or recipients of financial assistance to the aged, blind, or disabled has been raised to 150 percent of the combined total of the Supplementary Security Income benefit level provided for under title XVI of the act (as amended by Public Law 92-603) and the State supplementary benefit level (if any). The

matter of day care for mentally retarded children under the Family Services program has been met by a change in the definition of day care services for children (§ 221.9(b)(3)) which will permit such care, when appropriate, for such children who are otherwise eligible, simply by virtue of their being mentally retarded.

2. The proposed prohibition against matching donated private funds (§ 221.62), would diminish sources of services, particularly day care for children of working mothers. Doubt was expressed that States could find sufficient tax dollars to make up for the loss of donated funds. Interest of the voluntary sector in the needs of the poor, it was claimed, would also be diminished. The proposal has been changed to permit the continued matching of donated private funds with stricter administrative controls.

3. The scope of mandated Family Services (§ 221.5(b)(1)) was recommended for expansion. Similar comments were received with respect to Adult Services (§ 221.5(b)(2)). The provisions covering both Family Services and Adult Services have been revised to include legal services as an optional service. It is considered that mandating a limited number of services and allowing for a broad range of optional services provides the States with the kind of program flexibility necessary for the States to meet needs as they exist in each State and as they may change from time to time.

4. The definition of day care services for children (§ 221.9(b)(3)) should require adherence to the Federal Interagency Day Care Requirements: Coincide with that contained in section 301 of Public Law 92-512; and provide day care when needed by a mentally retarded child. The definition of day care services for children has been broadened so as to include, for all eligible children, the provision of day care under circumstances described in section 301 of Public Law 92-512. In addition, the proposal has been changed to require day care facilities and services to comply with such standards as the Secretary may prescribe, and to permit the provision of day care, when appropriate, for eligible children who are mentally retarded.

5. The requirement for quarterly redetermination of eligibility for services of current applicants for and recipients of financial assistance (§ 221.7) was recommended for reduction to every 6 months. This change has been made.

6. The individual service plan requirements (§ 221.8) were considered too detailed particularly with respect to the provision of short-lived services, and that the goals needed amplification in relation to statutory purposes of the program. The section, as proposed, has been rewritten so as to allow the States to establish their own procedures and methods of maintaining documentation to substantiate Federal financial participation within broad Federal criteria specified in the section. Amplification of the goals was considered to be more appropriately placed in the Program Regulation Guide to be issued by SRS shortly.

7. Other changes made by the Administrator are:

(a) Section 221.9(b)(8) has been revised to give States the option of providing, with Federal matching, foster care services for eligible children voluntarily placed in foster care by their legal guardians.

(b) Eligibility requirements for potential applicants and recipients (§ 221.9(b)(3)) have been broadened to include mentally retarded persons who are otherwise eligible but need services to enable them to care for themselves.

(c) Section 221.30(a)(2) has been revised to change from April 1, 1973, to the effective date of this regulation the date on and after which all new agreements for purchased services must meet the requirements of this section. Existing agreements are not required to comply until July 1, 1973.

(d) Federal financial participation in costs of services has been broadened to include medical examinations required for admission to child care facilities when not available under Medicaid or other programs (§ 221.53(i)).

(e) Costs of provision of information about and referral for employment purposes to appropriate community resources, without regard to eligibility for assistance and other services, has been added as a matchable administrative cost to § 221.52.

(f) The effective date of these regulations has been changed to July 1, 1973, except as otherwise noted in order to allow for transition.

Accordingly, chapter II, title 45 of the Code of Federal Regulations is amended as follows:

PART 220—SERVICE PROGRAMS FOR FAMILY AND CHILDREN; TITLE 4 PARTS A AND B OF THE SOCIAL SECURITY ACT

(1) Part 220 is revoked, except for §§ 220.35, 220.36, and 220.61(g) (relating to the WIN program under title IV-A of the Social Security Act), and §§ 220.40, 220.49, 220.55, 220.56, 220.62, and 220.65 (b), and subpart D (relating to the CWS program under title IV-B of the act). The content of the revoked provisions is revised and transferred to a new part 221, which, to the extent indicated therein, shall be applicable to the WIN and CWS programs under such Part 220.

PARTS 222, 226 [REVOKE]

(2) Parts 222 and 226 are revoked, and their content is revised and transferred to the new part 221.

PART 221—SERVICE PROGRAMS FOR FAMILIES AND CHILDREN AND FOR AGED, BLIND, OR DISABLED INDIVIDUALS: TITLES I, IV (PARTS A AND B), X, XIV, AND XVI OF THE SOCIAL SECURITY ACT

(3) Part 221 is added to chapter II to read as set forth below.

Subpart A—Requirements for Service Programs

Sec.

221.0 Scope of programs.

221.1 General.

221.2 Organization and administration.

Sec.	
221.3	Relationship to and use of other agencies.
221.4	Freedom to accept services.
221.5	Statutory requirements for services.
221.6	Services to additional families and individuals.
221.7	Determination and redetermination of eligibility for services.
221.8	Program control and coordination.
221.9	Definitions of services.
221.30	Purchase of services.

Subpart B—Federal Financial Participation**TITLES I, IV-A, X, XIV, AND XVI**

221.51	General.
221.52	Expenditures for which Federal financial participation is available.
221.53	Expenditures for which Federal financial participation is not available.
221.54	Rates and amounts of Federal financial participation.
221.55	Limitations on total amount of Federal funds payable to States for services.
221.56	Rates and amounts of Federal financial participation for Puerto Rico, the Virgin Islands, and Guam.

TITLES I, IV-A, IV-B, X, XIV, AND XVI

221.61	Public sources of State's share.
221.62	Private sources of State's share.

AUTHORITY.—Sec. 1102, 49 Stat. 647 (42 U.S.C. 1302).

§ 221.0 Scope of programs.

(a) Federal financial participation is available for expenditures under the State plan approved under titles I, IV-A, IV-B, X, XIV, or XVI of the act with respect to the administration of service programs under the State plan. The service programs under these titles are hereinafter referred to as: Family services (title IV-A), WIN support services (title IV-A), child welfare services (title IV-B), and adult services (titles I, X, XIV, and XVI). Expenditures subject to Federal financial participation are those made for services provided to families, children, and individuals who have been determined to be eligible, and for related expenditures, which are found by the Secretary to be necessary for the proper and efficient administration of the State plan.

(b) The basic rate of Federal financial participation for family services and adult services under this part is 75 percent provided that the State plan meets all the applicable requirements of this part and is approved by the Social and Rehabilitation Service. Under title IV-A, effective July 1, 1972, the rates are 50 percent for emergency assistance in the form of services, and 90 percent for WIN support services, and effective January 1, 1973, the rate is 90 percent for the offering, arranging, and furnishing, directly or on a contract basis, of family planning services and supplies.

(c) Total Federal financial participation for family services and adult services provided by the 50 States and the District of Columbia may not exceed \$2,500 million for any fiscal year, allotted to the States on the basis of their population. No more than 10 percent of the Federal funds payable to a State under

its allotment may be paid with respect to its service expenditures for individuals who are not current applicants for or recipients of financial assistance under the State's approved plans, except for services in certain exempt classifications.

(d) Rates and amounts of Federal financial participation for Puerto Rico, Guam, and the Virgin Islands are subject to different rules.

Subpart A—Requirements for Service Programs**§ 221.1 General.**

The State plan with respect to programs of family services, WIN support services, child welfare services, and adult services must contain provisions committing the State to meet the requirements of this subpart.

§ 221.2 Organization and administration.

(a) *Single organizational unit.*—(1) There must be a single organizational unit, within the single State agency, at the State level and also at the local level, which is responsible for the furnishing of services by agency staff under title IV, parts A and B. Responsibility for furnishing specific services also furnished to recipients under other public assistance plans (e.g., homemaker service) may be located elsewhere within the agency. *Provided*, that this does not tend to create differences in the quality of services for AFDC and CWF cases. (This requirement does not apply to States where the title IV-A and title IV-B programs were administered by separate agencies on January 2, 1963.)

(2) Such unit must be under the direction of its chief officer who, at the State level, is not the head of the State agency.

(b) *Advisory committee on day-care services.*—An advisory committee on day-care services for children must be established at the State level to advise the State agency on the general policy involved in the provision of day-care services under the title IV-A and title IV-B programs. The committee shall include among its members representatives of other State agencies concerned with day care or services related thereto and persons representative of professional or civic or other public or nonprofit private agencies, organizations or groups concerned with the provision of day care.

(c) *Grievance system.*—There must be a system through which recipients may present grievances about the operation of the service program.

(d) *Program implementation.*—The State plan must provide for State level service staff to carry responsibility for:

(1) Planning the content of the service programs, and establishing and interpreting service policies;

(2) Program supervision of local agencies to assure that they are meeting plan requirements and State policies, and that funds are being appropriately and effectively used; and

(3) Monitoring and evaluation of the service programs.

(e) *Provision of services.*—The State plan must specify how the services will be provided and, in the case of provision by other public agencies, identify the agency and the service to be provided.

§ 221.3 Relationship to and use of other agencies.

There must be maximum utilization of and coordination with other public and voluntary agencies providing similar or related services which are available without additional cost.

§ 221.4 Freedom to accept services.

Families and individuals must be free to accept or reject services. Acceptance of a service shall not be a prerequisite for the receipt of any other services or aid under the plan, except for the conditions related to the work incentive program or other work program under an approved State plan.

§ 221.5 Statutory requirements for services.

(a) In order to carry out the statutory requirements under the act with respect to family services and adult services programs, and in order to be eligible for 75 percent Federal financial participation in the costs of providing services, including the determination of eligibility for services, the State must, under the family services program, provide to appropriate members of the AFDC assistance unit the mandatory services and those optional services the State elects to include in the State plan, and must, under the Adult Services program, provide to appropriate applicants for or recipients of financial assistance under the State plan at least one of the defined services which the State elects to include in the State plan.

(b) (1) For the family services program, the mandatory services are family planning services, foster-care services for children, and protective services for children. The optional services are day-care services for children, educational services, employment services (non-WIN), health-related services, homemaker services, home management and other functional educational services, legal services and transportation services.

(2) For the adult services program, the defined services are chore services, day-care services for adults, educational services, employment services, family planning services, foster-care services for adults, health-related services, home delivered or congregate meals, homemaker services, home management and other functional educational services, housing improvement services, legal services protective services for adults, special services for the blind, and transportation services.

§ 221.6 Services to additional families and individuals.

(a) If a State elects to provide services for additional groups of families or individuals, the State plan must identify such groups and specify the services to be made available to each group.

RULES AND REGULATIONS

(b) If a service is not included for recipients of financial assistance under the State plan, it may not be included for any other group.

(c) The State may elect to provide services to all or to reasonably classified subgroups of the following:

(1) Families and children who are current applicants for financial assistance under title IV-A.

(2) Families and individuals who have been applicants for or recipients of financial assistance under the State plan within the previous 3 months, but only to the extent necessary to complete provision of services initiated before withdrawal or denial of the application or termination of financial assistance.

(3) Families and individuals who are likely to become applicants for or recipients of financial assistance under the State plan within 6 months, i.e., those who:

(i) (A) with respect to title IV-A, (1) do not have income exceeding 150 percent of the State's financial assistance payment standard; or (2) with respect to eligibility for day-care services for children, do not have income exceeding the maximum allowable under the State's schedule of fees to be paid for such services by otherwise eligible families, as contained in the State's approved plan; or

(B) With respect to title I, X, XIV, or XVI, do not have income exceeding 150 percent of the combined total of the supplementary security income benefit level provided for under title XVI of the act (as amended by Public Law 92-603) and the State supplementary benefit level (if any); and

(ii) Do not have resources that exceed permissible levels for such financial assistance under the State plan or under the amended title XVI, if applicable; and

(iii) (A) In the case of eligibility under title IV-A, have a specific problem or problems which are susceptible to correction or amelioration through provision of services and which will lead to dependence on financial assistance under title IV-A within 6 months if not corrected or ameliorated; or

(B) In the case of eligibility under title I, X, XIV, or XVI, have a specific problem or problems which are susceptible to correction or amelioration through provisions of services and which will lead to dependence on financial assistance under such title, or medical assistance, within 6 months if not corrected or ameliorated; and who are

(1) At least 64½ years of age for linkage to title I or title XVI with respect to the aged;

(2) Experiencing serious, progressive deterioration of sight that, as substantiated by medical opinion, is likely to reach the level of the State agency's definition of blindness within 6 months, for linkage to title X, or title XVI with respect to the blind; or

(3) According to licensed physician's opinion as approved by the State agency, experiencing a physical or mental condition which is likely to result within 6

months in permanent and total disability, for linkage to title XIV, or title XVI with respect to the disabled.

(iv) Notwithstanding the provisions of this subparagraph (3) or § 221.7(b)(1), an eligible mentally retarded individual may for the period July 1, 1973, through December 31, 1973, be considered by the State as eligible for services for so much of such period as the mentally retarded individual continues to meet the eligibility requirements of § 222.55(a)(2) of this chapter, as previously in effect. "Mentally retarded individual" means an individual, not psychotic, who, according to a licensed physician's opinion, is so mentally retarded from infancy or before reaching 18 years of age that he is incapable of managing himself and his affairs independently, with ordinary prudence, or of being taught to do so, and who requires supervision, control, and care, for his own welfare, or for the welfare of others, or for the welfare of the community.

(v) Notwithstanding the provisions of this subparagraph (3), or § 221.7(b)(1), children of migrant workers may be considered by the State to be eligible for day-care services through December 31, 1973, on the basis of the provisions of part 220 as previously in effect.

(4) Aged, blind, or disabled persons who are likely to become applicants for or recipients of financial assistance under the State plan within 6 months as evidenced by the fact that they are currently eligible for medical assistance as medically needy individuals under the State's title XIX plan.

§ 221.7 Determination and redetermination of eligibility for services.

(a) The State agency must make a determination that each family and individual is eligible for family services or adult services prior to the provision of services under the State plan.

(1) In the case of current applicants for or recipients of financial assistance under the State plan, this determination must take the form of verification by the organizational unit responsible for the furnishing of services with the organizational unit responsible for determination of eligibility for financial assistance that the family or individual has submitted an application for assistance which has not been withdrawn or denied or that the family or individual is currently receiving financial assistance. This verification must identify each individual whose needs are taken into account in the application or the determination of the amount of financial assistance.

(2) In the case of families or individuals who are found eligible for services on the basis that they are likely to become applicants for or recipients of financial assistance under the State plan, this determination must be based on evidence that the conditions of eligibility have been met, and must identify the specific problems which, if not corrected or ameliorated, will lead to dependence on such financial assistance.

(b) The State agency must make a redetermination of eligibility of each family and individual receiving services as follows:

(1) Within 3 months of the effective date of this regulation for all families and individuals receiving services initiated prior to that date.

(2) Every 6 months for families and individuals whose eligibility is based on their status as current applicants for or recipients of financial assistance. (This redetermination may be accomplished by comparison of financial assistance rolls or eligibility listings with service eligibility listings.)

(3) Within 30 days of the date that the status of the family or individual as a current applicant for or recipient of financial assistance is terminated, in order to determine the need for continuation of services initiated prior to such change in status.

(4) Within 6 months of the date of the original determination of eligibility and of any subsequent redetermination of eligibility for families and individuals whose eligibility is based on the determination that they are likely to become applicants for or recipients of financial assistance.

§ 221.8 Program control and coordination.

The State agency must establish procedures and maintain documentation (including the aggregation and assimilation of data) to substantiate that Federal financial participation under the State's family services or adult services program is claimed only for services which:

(a) Support attainment of the following goals:

(1) *Self-support goal.*—To achieve and maintain the feasible level of employment and economic self-sufficiency. (Not applicable to the aged under the adult services program.)

(2) *Self-sufficiency goal.*—In the case of applicants for or recipients of assistance under the blind, aged, disabled, and family programs, to achieve and maintain personal independence and self-determination.

(b) Are provided to recipients who have been determined and redetermined to be eligible in accordance with the applicable provisions.

(c) Are evaluated at least once every 6 months to assure their effectiveness in helping a family or individual to achieve the goal toward which services are directed.

(d) Are not available without cost to the State agency.

§ 221.9 Definitions of services.

(a) This section contains definitions of all mandatory and optional services under the family services program and the defined services under the adult services program (see §§ 221.5 and 221.6).

(b) (1) *Chore services.*—This means the performance of household tasks, essential shopping, simple household repairs, and other light work necessary to enable an individual to remain in his

own home when he is unable to perform such tasks himself and they do not require the services of a trained homemaker or other specialist.

(2) *Day care services for adults.*—This means personal care during the day in a protective setting approved by the State or local agency.

(3) *Day care services for children.*—This means care of a child for a portion of the day, but less than 24 hours, in his own home by a responsible person, or outside his home in a day care facility. Such care must be for the purpose of enabling the caretaker relatives to participate in employment or training, or because of the death, continued absence from the home, or incapacity of the child's mother and the inability of any member of such child's family to provide adequate and necessary care and supervision for such child. Day care may also be provided, when appropriate, for eligible children who are mentally retarded. In-home care must meet State agency standards, that, as a minimum, include requirements with respect to: The responsible person's capacity and available time to properly care for children; minimum and maximum hours to be allowed per 24-hour day for such care; maximum number of children that may be cared for in the home at any one time; and proper feeding and health care of the children. Day care facilities used for the care of children must be licensed by the State or approved as meeting the standards for such licensing and day care facilities and services must comply with such standards as may be prescribed by the Secretary.

(4) *Educational services.*—This means helping individuals to secure educational training most appropriate to their capacities, from available community resources at no cost to the agency.

(5) *Employment services (non-WIN under title IV-A and for the blind or disabled).*—This means enabling appropriate individuals to secure paid employment or training leading to such employment, through vocational, educational, social, and psychological diagnostic assessments to determine potential for job training or employment; and through helping them to obtain vocational education or training at no cost to the agency.

(6) *Family planning services.*—(i) For family services this means social, educational, and medical services to enable appropriate individuals (including minors who can be considered to be sexually active) to limit voluntarily the family size or space the children, and to prevent or reduce the incidence of births out of wedlock. Such services include printed materials, group discussions, and individual interviews which provide information about and discussion of family planning; medical contraceptive services and supplies; and help in utilizing medical and educational resources available in the community. Such services must be offered and be provided promptly (directly or under arrangements with

others) to all eligible individuals voluntarily requesting them.

(ii) For adult services this means social and educational services, and help in securing medical services, to enable individuals to limit voluntarily the family size or space the children, and to prevent or reduce the incidence of births out of wedlock. Such services include printed materials, group discussions, individual interviews which provide information about and discussion of family planning, and help in utilizing medical and educational resources available in the community.

(7) *Foster care services for adults.*—This means placement of an individual in a substitute home which is suitable to his needs, supervision of such home, and periodic review of the placement, at least annually, to determine its continued appropriateness. Foster care services do not include activities of the home in providing care or supervision of the individual during the period of his placement in the home.

(8) *Foster care services for children.*—This means placement of a child in a foster family home, or appropriate group care facility (i) as a result of a judicial determination to the effect that continuation of care in the child's own home would be contrary to the welfare of such child, and (ii) at the option of the State, at the request of the legal guardian; services needed by such child while awaiting placement; supervision of the care of such child in foster care and of the foster care home or facility, to assure appropriate care; counseling with the parent or other responsible relative to improve home conditions and enable such child to return to his own home or the home of another relative, as soon as feasible; and periodic review of the placement, at least annually, to determine its continuing appropriateness. Foster care services do not include activities of the foster care home or facility in providing care or supervision of the child during the period of placement of the child in the home or facility. A foster care home or facility used for care of children must be licensed by the State in which it is situated or have been approved, by the agency of such State responsible for licensing home or facilities of this type, as meeting the standards established for such licensing.

(9) *Health-related services.*—This means helping individuals and families to identify health needs and to secure needed health services available under medicaid, medicare, maternal and child health programs, handicapped children's programs or other agency health services programs and from other public or private agencies or providers of health services; planning, as appropriate, with the individual and health providers to help assure continuity of treatment and carrying out of health recommendations; and helping such individual to secure admission to medical institutions and other health related facilities.

(10) *Home delivered or congregate meals.*—This means the preparation and

delivery of hot meals to an individual in his home or in a central dining facility as necessary to prevent institutionalization or malnutrition.

(11) *Homemaker services.*—(i) For family services this means care of individuals in their own homes, and helping individual caretaker relatives to achieve adequate household and family management, through the services of a trained and supervised homemaker.

(ii) For adult services this means care of individuals in their own homes, and helping individuals in maintaining, strengthening, and safeguarding their functioning in the home through the services of a trained and supervised homemaker.

(12) *Home management and other functional educational services.*—This means formal or informal instruction and training in management of household budgets, maintenance and care of the home, preparation of food, nutrition, consumer education, child rearing, and health maintenance.

(13) *Housing improvement services.*—This means helping families and individuals to obtain or retain adequate housing. Housing and relocation costs, including construction, renovation or repair, moving of families or individuals, rent, deposits, and home purchase, may not be claimed as service costs.

(14) *Legal services.*—This means the services of a lawyer in solving legal problems of eligible individuals to the extent necessary to obtain or retain employment. This excludes all other legal services, including fee generating cases, criminal cases, class actions, community organization, lobbying, and political action.

(15) *Protective services for adults.*—This means identifying and helping to correct hazardous living conditions or situations of an individual who is unable to protect or care for himself.

(16) *Protective services for children.*—This means responding to instances, and substantiating the evidence, of neglect, abuse, or exploitation of a child; helping parents recognize the causes thereof and strengthening (through arrangement of one or more of the services included in the State plan) parental ability to provide acceptable care; or, if that is not possible, bringing the situation to the attention of appropriate courts or law enforcement agencies, and furnishing relevant data.

(17) *Special services for the blind.*—This means helping to alleviate the handicapping effects of blindness through: Training in mobility, personal care, home management, and communication skills; special aids and appliances; special counseling for caretakers of blind children and adults; and help in securing talking-book machines.

(18) *Transportation services.*—This means transportation necessary to travel to and from community facilities or resources for receipt of mandatory or optional services.

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§ 221.30 Purchase of services.

(a) A State plan under title I, IV-A, X, XIV, or XVI of the act, which authorizes the provision of services by purchase from other State or local public agencies, from nonprofit or proprietary private agencies or organizations, or from individuals, must with respect to services which are purchased:

(1) Include a description of the scope and types of services which may be purchased under the State plan;

(2) Provide that the State or local agency will negotiate a written purchase of services agreement with each public or private agency or organization in accordance with requirements prescribed by SRS. Effective upon issuance of this regulation, all new agreements for purchased services must meet the requirements of this paragraph; existing agreements must meet the requirements by July 1, 1973. A written agreement or written instructions which meet the requirements of this paragraph must also be executed or issued by the single State or local agency where services are provided under the plan directly by the State or local agency in respect to activities added by reorganization of administrative structure, redesignation of the State or local agency, or otherwise, occurring after February 15, 1973, or are provided by any public agency as to which a waiver of the single State agency requirement pursuant to section 204 of the Intergovernmental Cooperation Act is granted after February 15, 1973. These written purchase of service agreements and other written agreements or instructions are subject to prior review and approval by the SRS regional office to the extent prescribed in, and in accordance with, instructions issued by SRS;

(3) Provide that services will be purchased only if such services are not available without cost;

(4) Provide that purchase of services from individuals will be documented as to type, cost, and quantity. If an individual acts as an agent for other providers, he must enter into a formal purchase of services agreement with the State or local agency in accordance with paragraph (a) (2) of this section;

(5) Provide that overall planning for purchase of services, and monitoring and evaluation of purchased services, must be done directly by staff of the State or local agency;

(6) Provide that the State or local agency will determine the eligibility of individuals for services and will authorize the types of services to be provided to each individual and specify the duration of the provision of such services to each individual;

(7) Assure that the sources from which services are purchased are licensed or otherwise meet State and Federal standards;

(8) (1) Provide for the establishment of rates of payment for such services which do not exceed the amounts reasonable and necessary to assure quality of service, and in the case of services pur-

chased from other public agencies, are in accordance with the cost reasonably assignable to such services;

(ii) Describe the methods used in establishing and maintaining such rates; and

(iii) Indicate that information to support such rates of payment will be maintained in accessible form; and

(9) Provide that, where payment for services is made to the recipient for payment to the vendor, the State or local agency will specify to the recipient the type, cost, quantity, and the vendor of the service, and the agency will establish procedures to insure proper delivery of the service to, and payment by, the recipient.

(b) In the case of services provided, by purchase, as emergency assistance to needy families with children under title IV-A, the State plan may provide for an exception from the requirements in paragraph (a) (2), (4), (7), and (8) of this section, but only to the extent and for the period necessary to deal with the emergency situation.

(c) All other requirements governing the State plan are applicable to the purchase of services, including:

(1) General provisions such as those relating to single State agency, grievances, safeguarding of information, civil rights, and financial control and reporting requirements; and

(2) Specific provisions as to the programs of services such as those on required services, maximum utilization of other agencies providing services, and relating services to defined goals.

Subpart B—Federal Financial Participation**TITLES I, IV-A, X, XIV, AND XVI****§ 221.51 General.**

Federal financial participation is available for expenditures under the State plan which are:

(a) Found by the Secretary to be necessary for the proper and efficient administration of the State plan;

(b) (1) For services under the State plan provided, under the procedures for program control and coordination specified in this part, to families and individuals included under the State plan who have been determined (and redetermined) to be eligible pursuant to the provisions of this part;

(2) For other activities which are essential to the management and support of such services;

(3) For emergency assistance in the form of services to needy families with children (see § 233.120 of this chapter); and

(c) Identified and allocated in accordance with SRS instructions and OMB Circular A-87.

§ 221.52 Expenditures for which Federal financial participation is available.

Federal financial participation is available in expenditures for:

(a) Salary, fringe benefits, and travel costs of staff engaged in carrying out service work or service-related work;

(b) Costs of related expenses, such as equipment, furniture, supplies, communications, and office space;

(c) Costs of services purchased in accordance with this part;

(d) Costs of State advisory committees on day-care services for children, including expenses of members in attending meetings, supportive staff, and other technical assistance;

(e) Costs of agency staff attendance at meetings pertinent to the development or implementation of Federal and State service policies and programs;

(f) Cost to the agency for the use of volunteers;

(g) Costs of operation of agency facilities used solely for the provision of services, except that appropriate distribution of costs is necessary when other agencies also use such facilities in carrying out their functions, as might be the case in comprehensive neighborhood service centers;

(h) Costs of administrative support activities furnished by other public agencies or other units within the single State agency which are allocated to the service programs in accordance with an approved cost allocation plan or an approved indirect cost rate as provided in OMB Circular A-87;

(i) With prior approval by SRS, costs of technical assistance, surveys, and studies performed by other public agencies, private organizations, or individuals to assist the agency in developing, planning, monitoring, and evaluating the services program when such assistance is not available without cost;

(j) Costs of emergency assistance in the form of services under title IV-A;

(k) Costs incurred on behalf of an individual under title I, X, XIV, or XVI for securing guardianship or commitment;

(l) Costs of public liability and other insurance protection;

(m) Costs of provision of information about and referral to appropriate community resources for purposes of assisting an individual in securing employment or training or information about employment or training, without regard to eligibility for assistance or other service; and

(n) Other costs, upon approval by SRS.

§ 221.53 Expenditures for which Federal financial participation is not available.

Federal financial participation is not available under this part in expenditures for:

(a) Carrying out any assistance payments functions, including the assistance payments share of costs of planning and implementing the separation of services from assistance payments;

(b) Activities which are not related to services provided by agency staff or volunteers, by arrangements with other agencies, organizations, or individuals, at no cost to the service program, or by purchase;

- (c) Purchased services which are not secured in accordance with this part;
- (d) Construction and major renovations;
- (e) Vendor payments for foster care (they are assistance payments);
- (f) Issuance of licenses or the enforcement of licensing standards;
- (g) Education programs and educational services except those defined in § 221.9 (b) (4) and (5);
- (h) Housing and relocation costs, including construction, renovation or repair, moving of families or individuals, rent, deposits, and home purchase;
- (i) Medical, mental health, or remedial care or services, except when they are:

(1) Part of the family planning services under title IV-A, including medical services or supplies for family planning purposes; or

(2) Medical examinations which are required for admission to child-care facilities or for persons caring for children under agency auspices, and then, only to the extent that the examination is not available under Medicaid or not otherwise available without cost;

(j) Subsistence and other maintenance assistance items;

(k) Costs of day-care services for children of families having incomes in excess of 233 1/3 percent of the State's financial assistance payment standard;

(l) Transportation which is provided under the State's title XIX plan;

(m) Effective January 1, 1974, costs of employment services (non-WIN) under title IV-A provided to persons who are eligible to participate in WIN under title IV-C of the act, unless the WIN program has not been initiated in the local jurisdiction; and

(n) Other costs not approved by SRS.

§ 221.54 Rates and amounts of Federal financial participation.

(a) Federal financial participation is available at the 75-percent rate for service costs identified in § 221.52: *Provided*, The State plan is approved as meeting the requirements of subpart A of this part under this provision:

(1) Federal financial participation at the 75-percent rate includes:

(i) Salary, fringe benefits and travel costs of service workers and their supervisors giving full time to services and for staff entirely engaged (either at the State or local level) in developing, planning, and evaluating services;

(ii) Salary costs of service-related staff, such as supervisors, clerks, secretaries, and stenographers, which represent that portion of the time spent in supporting full-time service staff; and

(iii) All indirect costs which have been allocated in accordance with an approved cost allocation plan and with the requirements of OMB Circular A-87.

(2) Federal financial participation at the 50-percent rate is available for:

(i) Salary, fringe benefits, and travel cost allocation plan and with the requirements of OMB Circular A-87.

(ii) Salary costs of related staff, such as administrators, supervisors, clerks secretaries, and stenographers, which represent that portion of the time spent in supporting staff carrying responsibility for both services and assistance payments functions; and

(iii) All indirect costs which have been allocated in accordance with an approved cost allocation plan and with the requirements of OMB Circular A-87.

(b) *Federal financial participation for purchased services.*—(1) Federal financial participation is available at the 75-percent rate in expenditures for purchase of service under the State plan to the extent that payment for purchased services is in accordance with rates of payment established by the State which do not exceed the amounts reasonable and necessary to assure quality of service and, in the case of services purchased from other public agencies, the cost reasonably assignable to such services, provided the services are purchased in accordance with the requirements of this part.

(2) Services which may be purchased with Federal financial participation are those for which Federal financial participation is otherwise available under title I, IV-A, X, XIV, or XVI of the act and which are included under the approved State plan, except as limited by the provisions of paragraph (b) (3) of this section.

(3) (i) Effective March 1, 1973, through June 30, 1973, Federal financial participation is available for a new purchase of services from another public agency only for services beyond those represented by fiscal year 1972 expenditures of the provider agency (or its predecessors) for the type of service and the type of persons covered by the agreement. A new purchase of service from another public agency is any purchase of services other than a purchase for the type of service and the type of persons covered by an agreement that was validly subject to Federal financial participation under title I, IV-A, X, XIV, or XVI prior to February 16, 1973.

(ii) Effective July 1, 1973, subject to the conditions in subdivision (i) of this subparagraph (3), Federal financial participation is available for a new purchase of service as follows:

(A) July 1, 1973–June 30, 1974—only for services beyond those represented by 75 percent of fiscal year 1973 expenditures.

(B) July 1, 1974–June 30, 1975—only for services beyond those represented by 50 percent of fiscal year 1973 expenditures.

(C) July 1, 1975–June 30, 1976—only for services beyond those represented by 25 percent of fiscal year 1973 expenditures.

(4) The provisions of paragraph (b) (3) of this section also apply to services provided, directly or through purchase, by:

(i) Any public agency as to which a waiver of the single State agency requirement pursuant to section 204 of the

Intergovernmental Cooperation Act is granted after February 15, 1973, or

(ii) The State or local agency, as to activities added by reorganization of administrative structure, redesignation of the State or local agency, or otherwise, occurring after February 15, 1973.

§ 221.55 Limitations on total amount of Federal funds payable to States for services.

(a) The amount of Federal funds payable to the 50 States and the District of Columbia under titles I, IV-A, X, XIV, and XVI for any fiscal year (commencing with the fiscal year beginning July 1, 1972) with respect to expenditures made after June 30, 1972 (see para. (b) of this section), for services (other than WIN support services, and emergency assistance in the form of services, under title IV-A) is subject to the following limitations:

(1) The total amount of Federal funds paid to the State under all of the titles for any fiscal year with respect to expenditures made for such services shall not exceed the State's allotment, as determined under paragraph (c) of this section; and

(2) The amounts of Federal funds paid to the State under all of the titles for any fiscal year with respect to expenditures made for such services shall not exceed the limits pertaining to the types of individuals served, as specified under paragraph (d) of this section.

Notwithstanding the provisions of paragraphs (c) (1) and (d) of this section, a State's allotment for the fiscal year commencing July 1, 1972, shall consist of the sum of:

(i) An amount not to exceed \$50 million payable to the State with respect to the total expenditures incurred, for the calendar quarter beginning July 1, 1972, for matchable costs of services of the type to which the allotment provisions apply, and

(ii) An amount equal to three-fourths of the State's allotment as determined in accordance with paragraphs (c) (1) and (d) of this section.

However, no State's allotment for such fiscal year shall be less than it would otherwise be under the provisions of paragraphs (c) (1) and (d) of this section.

(b) For purposes of this section, expenditures for services are ordinarily considered to be incurred on the date on which the cash transactions occur or the date to which allocated in accordance with OMB Circular A-87 and cost allocation procedures prescribed by SRS. In the case of local administration, the date of expenditure by the local agency governs. In the case of purchase of services from another public agency, the date of expenditure by such other public agency governs. Different rules may be applied with respect to a State, either generally or for particular classes of expenditures, only upon justification by the State to the Administrator and approval by him. In reviewing State requests for approval, the Administrator will consider generally applicable State

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law, consistency of State practice, particularly in relation to periods prior to July 1, 1972, and other factors relevant to the purposes of this section.

(c) (1) For each fiscal year (commencing with the fiscal year beginning on July 1, 1972) each State shall be allotted an amount which bears the same ratio to \$2,500 million as the population of such State bears to the population of all the States.

(2) The allotment for each State will be promulgated for each fiscal year by the Secretary between July 1 and August 31 of the calendar year immediately preceding such fiscal year on the basis of the population of each State and of all the States as determined from the most recent satisfactory data available from the Department of Commerce at such time.

(d) Not more than 10 percent of the Federal funds shall be paid with respect to expenditures in providing services to individuals (eligible for services) who are not recipients of aid or assistance under State plans approved under such titles, or applicants for such aid or assistance, except that this limitation does not apply to the following services provided to eligible persons:

(1) Services provided to meet the needs of a child for personal care, protection, and supervision (as defined under day care services for children) but only in the case of a child where the provision of such services is necessary in order to enable a member of such child's family to accept or continue in employment or to participate in training to prepare such member for employment, or because of the death, continued absence from home, or incapacity of the child's mother and the inability of any member of such child's family to provide adequate and necessary care and supervision for such child;

(2) Family planning services;

(3) Any services included in the approved State plan that are provided to an individual diagnosed as mentally retarded by a State mental retardation clinic or other agency or organization recognized by the State agency as competent to make such diagnoses, or by a licensed physician, but only if such services are needed for such individual by reason of his condition of being mentally retarded;

(4) Any services included in the approved State plan provided to an individual who has been certified as a drug addict by the director of a drug abuse treatment program licensed by the State, or to

an individual who has been diagnosed by a licensed physician as an alcoholic or drug addict, but only if such services are needed by such individual as part of a program of active treatment of his condition as a drug addict or an alcoholic; and

(5) Foster care services for children when needed by a child because he is placed in foster care, or awaiting placement.

§ 221.56 Rates and amounts of Federal financial participation for Puerto Rico, the Virgin Islands, and Guam.

(a) For Puerto Rico, the Virgin Islands, and Guam, the basic rate for Federal financial participation for family services and WIN support services under title IV-A is 60 percent. However, effective July 1, 1972, the rate is 50 percent for emergency assistance in the form of services.

(b) For family planning services and for WIN support services, the total amount of Federal funds that may be paid for any fiscal year shall not exceed \$2 million for Puerto Rico, \$65,000 for the Virgin Islands, and \$90,000 for Guam. Other services are subject to the overall payment limitations for financial assistance and services under titles I, IV-A, X, XIV, and XVI, as specified in section 1108(a) of the Social Security Act.

(c) The rates and amounts of Federal financial participation set forth in § 221.54 (a) and (b) apply to Puerto Rico, the Virgin Islands, and Guam, except that the 60 percent rate of Federal financial participation is substituted as may be appropriate. The limitation in Federal payments in § 221.55 does not apply.

TITLES I, IV-A, IV-B, X, XIV, AND XVI

§ 221.61 Public sources of State's share.

(a) Public funds, other than those derived from private resources, used by the State or local agency for its services programs may be considered as the State's share in claiming Federal reimbursement where such funds are:

(1) Appropriated directly to the State or local agency; or

(2) Funds of another public agency which are:

(i) Transferred to the State or local agency and are under its administrative control; or

(ii) Certified by the contributing public agency as representing current expenditures for services to persons eligible under the State agency's services pro-

grams, subject to all other limitations of this part.

Funds from another public agency may be used to purchase services from the contributing public agency, in accordance with the regulations in this part on purchase of services.

(b) Public funds used by the State or local agency for its services programs may not be considered as the State's share in claiming Federal reimbursement where such funds are:

(1) Federal funds, unless authorized by Federal law to be used to match other Federal funds;

(2) Used to match other Federal funds; or

(3) Used to purchase services which are available without cost. In respect to purchase of services from another public agency, see also § 221.54(b) with respect to rates and amounts of Federal financial participation.

§ 221.62 Private sources of State's share.

(a) Donated private funds for services may be considered as State funds in claiming Federal reimbursement where such funds are:

(1) Transferred to the State or local agency and under its administrative control; and

(2) Donated on an unrestricted basis (except that funds donated to support a particular kind of activity, e.g., day care services, homemaker services, or to support a particular kind of activity in a named community, are acceptable provided the donating organization is not a sponsor or operator of the type of activity being funded).

(b) Donated private funds for services may not be considered as State funds in claiming Federal reimbursement where such funds are:

(1) Contributed funds which revert to the donor's facility or use.

(2) Donated funds which are earmarked for a particular individual or to a particular organization or members thereof.

Effective date.—The regulations in this part shall be effective on July 1, 1973.

Dated April 25, 1973.

PHILIP J. RUTLEDGE,
Acting Administrator,
Social and Rehabilitation Service.

Approved April 26, 1973.

CASPER W. WEINBERGER,
Secretary.

[FR Doc. 73-8510 Filed 4-30-73; 8:45 am]

APPENDIX 2

Project Narrative

PROJECT NARRATIVE

Background

The social services system, which the Community Services Administration has under development, proposes the establishment in every State and territory of a comprehensive social services system in its own right, with its own clearly explicated goals and purposes, and concrete operational targets toward which all efforts and activities will be directed and against which effectiveness will be evaluated.

Heretofore, although the critical need of social services has been recognized and incorporated in a wide range of programs authorized and supported legislatively, and although the essential value of the social services has been recognized for both the persons and groups affected and the community as a whole, the programs of social service have been either partialized or organized as secondary services. In the partialized approach, they have been directed toward alleviating or resolving a particular social problem such as family desertion, or toward meeting the needs of a particularly vulnerable group in such programs as services to the aging and child welfare services; as secondary services, they have been seen and provided as supportive of another benefit or service, in connection with a money payment to relieve destitution, with medical care in the presence of illness or physical or mental handicap, or as supportive of programs of social control in probation and parole.

The product of the new social services system is goal-oriented service delivery. Services are viewed as tools utilized to overcome barriers which prevent individuals

from achieving the maximum level of sufficiency. With target populations, specific needs, and goals and objectives which can be defined, results obtained (impact) can be measured against the goals and objectives, and costs of units of service determined. This new approach will require development of a broad and deep understanding of the fundamental ideas and concepts of the system on the part of State administrators, program planners, and program staff at State and local levels.

Since the new program requires concrete operational targets toward which all efforts and activities will be directed and anticipates development of systems in each jurisdiction for the evaluation of the effectiveness of the program, it will further require, on the part of administrators and program planners, understanding of and skill in developing a program budget and evaluation system.

Purpose and objectives

The purpose of this demonstration is to test the application of new administration methods and the development of procedures which will enable the new social service system to be implemented nationwide and particularly in the State of Montana. The State will demonstrate its approach to the preparation, implementation and continued development of a program and financial plan commensurate with new Federal regulations concerning separation of services from assistance payments, social services, purchase of services and program monitoring and evaluation.

These administrative methods will be developed to provide:

- (1) a framework for more effective State planning and decision making by defining goal objectives and outputs, as well as resource requirements for all activity;
- (2) a framework to rationally identify and judge priorities and trade-offs among alternative allocations of available resources;

- (3) the management tools for forecasting future operational requirements in terms of specific agency resources needed to achieve specific goals for people and thus, firm justification for budget requests;
- (4) the goal achievement data necessary to judge effectiveness of allocations made; hence, the ability to shift and modify allocations over time for improved goal achievement and cost effectiveness.
- (5) The basis for determining the extent of Federal financial participation as related to goal achievement plans and performance as expressed in the State program and financial plan.

Federal regulations mandate the following specific requirements:

- (1) Submit to SRS by July 1, 1972, an annual State Program and Financial Plan which includes a program evaluation system;
- (2) Submit to SRS by July 1, 1972, a separation plan for
 - (a) separate and independent administration of social services programs and for (b) separate and independent administration of assistance payments programs;
- (3) Implementation by January 1, 1973, of social service reporting system;
- (4) Implementation by January 1, 1973, of separation plan.

In order to meet these requirements, the State will demonstrate through this project the application of new methods in the following areas:

- (1) Program and financial planning system;
- (2) Administrative structure necessary for separated income maintenance and social services functions;
- (3) Monitoring, reporting, and evaluation systems.

Description and Phasing

- (a) The State of Montana has already experimented with methods or approaches which will lead to the accomplishment of the purpose and objectives of the project and the implementation of the new social system. Montana has a demonstration project for total separation and a beginning of regionalization of social services. A social service reporting and evaluation system is in the testing stage. The state is in the process of acquiring such sections of the Maine and Utah systems as are applicable for use in all programs.
- (b) In addition, the State has the technical capacity and knowledge within currently available resources to completely or partially meet the objectives in the following areas:
 - (1) Montana can implement separation and has some familiarity with a program, planning and budgeting system.
- (c) For the purpose of continued development and refinement, technical capability needs to be demonstrated in the following areas:
 - (1) Montana is familiar with the principles and concepts of the program and budgeting systems and monitoring and evaluation systems, but does not have sufficient staff with the technical expertise necessary to implement the programs within our department.
 - (2) Computer capability is purchased from Central Data Processing; however, programmer time for Social Services is very limited.
- (d) In order to obtain the technical capability necessary to demonstrate the preparation, implementation and continued development of the new social service system, the State will implement and test the following administrative methods:

(1) Montana will utilize a social service person as project director to augment state social service staff who have limited time to devote to separation and program and financial planning. The importance of this goal indicates the need for full attention of at least one state level person. The agency is in the process of recruiting a systems analyst and the State Director has indicated a commitment to development of the social service system, including evaluation and monitoring. This will resolve one agency deficiency, but there is still need for a programmer assigned to the project. Goals are to have a project director by May 31, programmer by June 30. The project director will be in social services, but relate closely to the Montana separation committee. As decisions are made regarding separation, plan and manual material will be produced. Project director will make recommendations to administration regarding separation and cooperate with Division of Special Services in staff training activities. Project director will work directly with systems analyst and programmer with goal of having program and financial planning system and monitoring, reporting and evaluation systems in place by May 31, 1973. State staff, consultants, and contractors particularly in the project will attend one of the four training sessions sponsored by Community Services Administration to be held in 1972.

Qualification of Staff

Project Director: Master's Degree from accredited school of social work, three years of the last ten of professional experience in social work agency, at least one year in supervision or administration.

Programmer: Must meet qualifications of Central Data Processing and have knowledge of social service systems.

Community Involvement

Since this project is demonstrating the effectiveness of technical assistance to a State agency to improve the administration of social services, it is not anticipated that other agencies or groups will be directly involved. The Advisory Committee(s) for service will be involved in the planning and implementation of the new social system.

Reason for Requesting Approval Pursuant to Section 1115 of the Social Security Act

To demonstrate the application of the administrative system(s) (planning, implementation and continued development) a special Federal project fund grant is being requested for one year. The State will complete its first phase of the new social service system utilizing these new methods and will assume the cost for continued refinement and development at the termination of this one year project.

Evaluation and Reporting

The State agrees to participate in a common evaluation to be conducted by a contractor selected by the Social and Rehabilitation Services and will allot at least five percent of project staff time to the evaluation effort. In addition, project staff will be responsible for developing and implementing an internal evaluation procedure designed to provide input into the on-going project activity by measuring and assessing effort and effectiveness in reaching project objectives. This internal evaluation will be accomplished by the following method:

- (1) Project staff will establish a timetable, consisting of milestone dates and final goals so progress toward goals can be measured.
- (2) Existing state and federal reports will be monitored in terms of additional accuracy and effectiveness as project progresses.

- (3) Project staff will develop feedback methods for input and reaction of all social service staff.
- (4) The State will submit a final report in 25 copies in accordance with 1115 instructions, due at the end of the project year rather than 60 days after the project termination to the Central and Regional offices of the Social and Rehabilitation Service.

APPENDIX 3

Task Plan

STATE OF MONTANA
DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
NATIONAL SERVICE REFORM DEMONSTRATION PROJECT

* * * * *

Preliminary Task Plan to Accomplish Target Objectives

TASK 1 - PROJECT ORGANIZATION

- A. Finalize project objectives
- B. Finalize detail project task plan
- C. Determine interim management review/reporting schedule
- D. Conduct background study of technical materials
- E. Amend project application to reflect current objectives of task plan
- F. Determine and implement procedure for Project Administration
- G. Management Review

TASK 2 - POPULATION NEEDS ANALYSIS

- A. Define and Document Approach to needs analysis (include area to be covered)
- B. Organize information gathering
 - 1. Field interviews
 - 2. Census Tape Analysis
 - 3. Other
- C. Gather information on population and social problems
 - 1. Field interviews
 - 2. Census Tape analysis
 - 3. Other
- D. Analyze Population Data for Total, Risk, Target and Service Strata
- E. Categorize Social Problems and Relate to Population Strata of Geographical Breakdown
- F. Compile and Formalize Needs Analysis Documentation
- G. Review with field personnel
- H. Management Review

TASK 3 - SOCIAL SERVICE RESOURCE ASSESSMENT (Include area to be covered)

- A. Define and Document Approach to Resource Assessment
- B. Determine Sources of Resource Information
 - 1. Internal Resources
 - 2. Voluntary Resources
 - 3. Other Resources (e.g. intangibles)
 - 4. Present/Future Resources
- C. Organize Information Gathering (e.g. questionnaire design, mailing list, telephone survey, personal interview schedule)
- D. Control Information Gathering to Assure Comprehensive/Representative Assessment, with appropriate categorical and geographical breakdown.
- E. Gather Information
- F. Analyze Resource Information
- G. Compile and Formalize Resource Assessment Documentation
- H. Review with selected Field Resource Personnel (for accuracy)
- I. Management Review

TASK 4 - DEVELOP STATEMENT OF SOCIAL SERVICE PROGRAM GOALS

- A. Define Scope and Format of Goal Statement
- B. Monitor Legislative and Administrative Developments
 - 1. Federal Legislation
 - 2. Federal Regulations
 - 3. State Legislation and Administrative Procedure
- C. Examine Needs Analysis
 - 1. Extent of Social Problems
 - 2. Priorities among Social Problems
 - 3. Probabilities of Impacting Social Problems (consider resources, present and future)

- D. Draft Statement of Program Goals
 - 1. Adult Services
 - 2. Family and Child Welfare Services
- E. Management Review
- F. Review by outside parties
 - 1. Federal
 - 2. Others
- G. Revise Draft and Formalize Program Goal Statement
 - 1. Adult Services
 - 2. Family and Child Welfare Services
- H. Define Procedure for Implementing Program Goal Statement (Include revisions of State Plan, if required)
- I. Assign Implementation Responsibility
- J. Implement Program Goal Statement
- K. Follow up to assure proper and timely implementation

TASK 5 - REVIEW OF DEPARTMENTAL MANUALS

- A. Review Manuals for consistency with Program Goals
- B. Evaluate Potential for Staff Training/Orientation to New Program Goals through manual revisions
- C. Draft Manual Revision as Required
- D. Review Draft Revisions with Staff
- E. Develop implementation plan, including training/orientation as required
- F. Management Review
- G. Publish Manual Revisions as Required
- H. Monitor Training/Orientation
- I. Follow up to assure statewide implementation of Manual Revisions
- J. Prepare memorandum Documenting Manual Revisions

TASK 6 - REVIEW OF BUREAU POLICY

- A. Review Bureau Policy with Bureau Chief
- B. Determine and Document Inconsistencies with Program Goals
- C. Review Inconsistencies with Bureau Chiefs and request appropriate revisions
- D. Compile Documentation and Prepare "Tickler" for Management Follow up
- E. Management Review

TASK 7 - MONITOR DEVELOPMENT OF CASS SYSTEM

- A. Determine Present Status of CASS
- B. Examine CASS Implementation Plans
- C. Analyze CASS Information Format to Evaluate consistency with new Program Goals
- D. Document strength and Weaknesses of CASS as Applied to Measurement of Program Goal Achievement
- E. Compile Report on Applicability of Cass under New Programs Goals
- F. Review with Systems Personnel
- G. Management Review

TASK 8 - DEVELOP PROGRAM PLANNING STRUCTURE

- A. Review Needs Analysis, Resource Assessment and Program Goals Statement
- B. Define Units of Service Delivery (Research outside sources, including other State planning offices, Federal Officials and experts)
- C. Design a Procedure to Estimate Units of Service Available for Delivery within Resources for a given Future Period (e.g. Fiscal Year)
- D. Design a Procedure to Analyze Available Data in order to Estimate Service Units Required (Categorically) to Achieve Program Goals at the Individual Client Level (Must be realistic)
- E. Design a Procedure Compare Service Units available to Service Units required (Individually) in order to Extrapolate Statewide Quantitative Program Goals

- F. Design a Procedure to Translate Results of Procedures above (8C, 8D, 8E) into Quantitative Service Delivery Plans which, when consolidated, will comprise a Statewide Program Plan for a given period.
- G. Compile Documentation and Prepare Memorandum on Draft Planning Structure
- II. Develop General Implementation Plan
- I. Review with Staff
- J. Review with outside experts
- K. Management Review

TASK 9 - PREPARE ROUGH INFORMATION SYSTEMS PLAN

- A. Specify Requirements for Information to Measure Program Goal Achievement and Service Delivery Costs
- B. Review CASS Report (Task 7)
- C. Document Gaps between Available (and useable) information and Required Information (review with program management)
- D. Specify Roughly what kinds of information systems will be required to bridge information gaps.
- E. Estimate when these systems/enhancements will be required
- F. Obtain estimates of Systems Development and Operating Costs
- G. Develop Management Recommendations and Compile Documentation
- II. Review with outside personnel
- I. Management Review

TASK 10 - COMPILE FINAL REPORT

- A. Draft Final Report
- B. Review with Management
- C. Revise and Publish Final Report

STATE OF MONTANA
DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
NATIONAL SERVICES REFORM DEMONSTRATION PROJECT

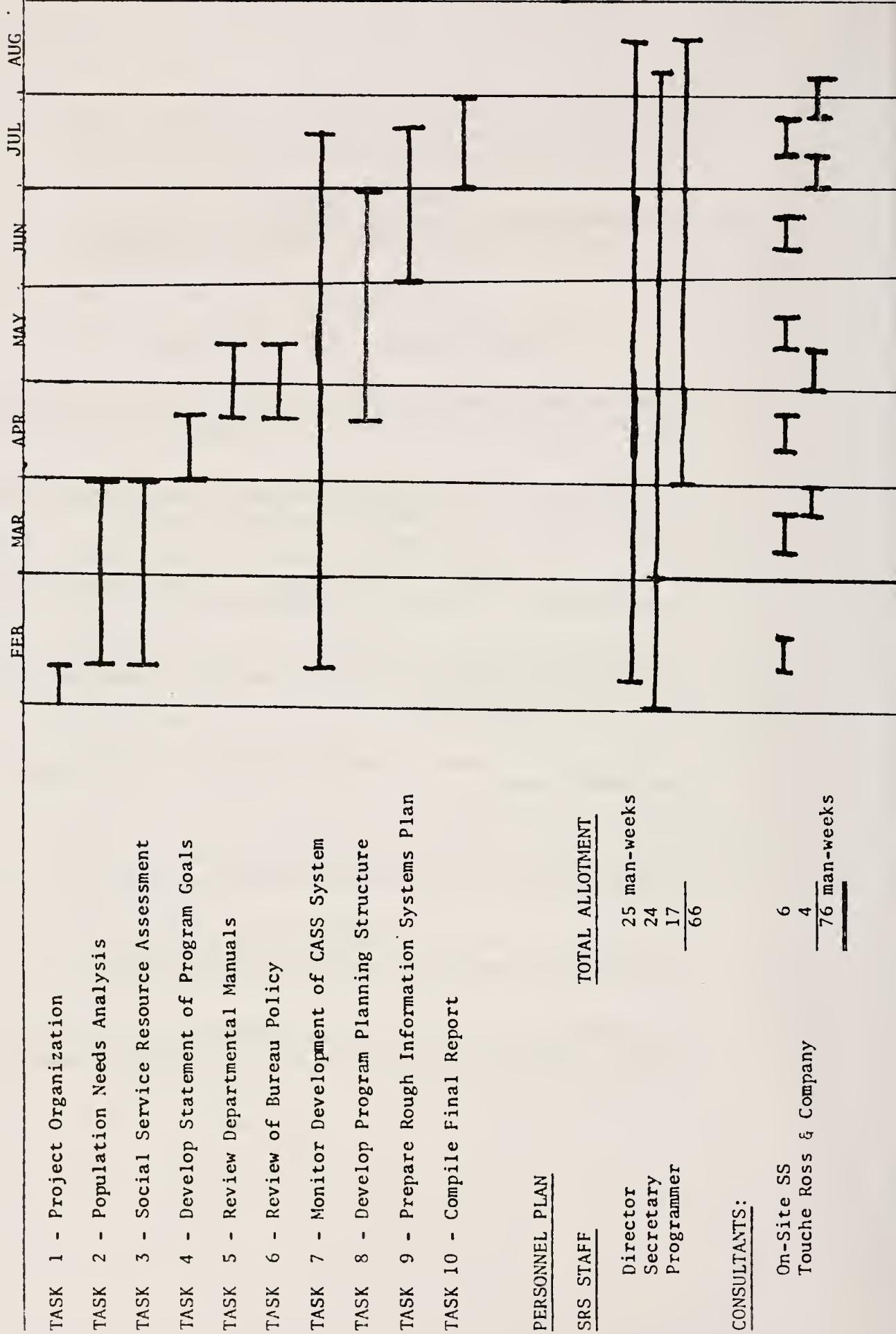
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Proposed Target Achievement/Objectives

1. A current and documented population needs analysis for Montana or some representative subordinate jurisdiction(s).
2. A comprehensive, quantitative assessment of social service resources within the state (or subordinate jurisdiction(s)).
3. A definitive statement of social services program goals related to analyzed needs and available resources.
4. Revisions to departmental operating manuals to establish consistency with new programs goals.
5. A documented assessment of bureau policy and its consistency with new program goals.
6. A report on the status of the CASS system and its applicability to service provisions under new program goals.
7. A structure for quantifying program goals and developing a systematic program plan for achieving program goals.
8. An information systems plan to guide development and implementation of CASS enhancements and/or other systems required to measure goal achievement and program costs.

STATE OF MONTANA
 DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
 NATIONAL SERVICE REFORM DEMONSTRATION PROJECT
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Summary of Preliminary Task Plan



APPENDIX 4

Analysis of Field Visits
In Regard To
Social Needs and Goals

ANALYSIS OF FIELD VISITS IN REGARD TO
SOCIAL SERVICE NEEDS AND GOALS

Process

During the latter part of March 1973, Don Sekora, Social Service Reform Project Director visited twelve county welfare departments representing fifteen Montana counties. Also, two Social Service Agency Offices were visited representing another five county area. The purpose of the visits was to obtain input from the field workers on service needs, service goals, and resource outside of the agency helpful in meeting certain service needs. A letter was sent to each county director requesting the information (see appendix "A"). During the visits, Mr. Sekora had discussions with staff members on specific elements of the information that they had compiled to clarify succinctly what counties felt their social service needs were, what they felt their resources were, and what they felt their goals for offering services were. This section of the Social Service Reform Report will cover the needs and goals aspect of the information collected. A subsequent section will discuss resource information obtained from these field visits.

REPRESENTATION OF ELIGIBLE SERVICE CASELOAD COVERED BY VISITS

Mr. Sekora received information from twenty of Montana's 56 counties. 64.4% of the entire eligible service caseload is represented in the 20 counties Mr. Sekora obtained information from by his visits. Thus, it is felt that a reliable sample of service needs and goals was obtained in the limited time available.

Counties Represented by the Visits

The counties where information was obtained from are Cascade, Custer, Flathead, Gallatin, Hill, Lewis and Clark, Missoula, Richland, Rosebud, Silver Bow, Yellowstone, and a visit to Wheatland County which also covered the counties of Golden Valley, Musselshell, and Petroleum. The visit to the Wolf Point Social Service Agency Office covered Daniels, Sheridan and Roosevelt Counties. The visit to the Glasgow Social Service Agency Office covered Valley and Phillips Counties. The reason for concern about counties is that except for the Regional Social Service Delivery system project in northeast Montana, Social Services through this Agency are delivered on a County basis at this time.

Needs and Goals Assessments by Counties

In discussing the needs and goals as presented by the social workers in the field, we will first identify the county and describe what county staff presented the information. We will then identify a program such as AFDC and describe approximately how many persons are eligible for services but not necessarily receiving them under that program in the county.* The reason we will not attempt to give the number of people actually receiving services is that the counting of service cases at this time is so varied and unreliable that those figures would not be meaningful to this report. After identifying the program area and the county staff who presented the material, the county's social service needs and goals as listed in priority order by the county staff will be given for each of the programs. The needs and goals will be identified for the Aid to Families with Dependent

*The figures used in this report are those compiled in the January 1973 Social and Rehabilitation Services Statistical Report.

children program, AFDC, The Child Welfare Services Program, CWS, and the Adult Services Program. After presenting the county input, a synthesis will be drawn where possible to show correlation for service needs and common goal concepts.

Cascade County

The entire available social service staff from all program areas were present to discuss Cascade County's service needs and goals. It should be mentioned that the workers in Cascade County had a preliminary draft of the proposed social service regulations released February 15, 1973 and based their county's listings of the service needs and goals in part on those regulations.

The first program we will discuss in light of needs and goals is AFDC. In Cascade County there are 1074 AFDC families eligible for services not including potential clients.* For the AFDC Program the social workers of Cascade County listed the following priority social service needs as:

1. Homemaker Services
2. Family Planning Services
3. Referral, Follow-up and Crisis intervention services
4. Day Care for Children services
5. Treatment therapy
 - a. Families
 - b. Marital situations
 - c. Drug Problems
 - d. Alcoholism Problems

*In stating the number of possible eligible AFDC families for service, the number of potentially eligible clients will not be included in this report.

6. Housing improvement mainly in the area of helping persons to locate better housing.
7. Advocacy Services for education, employment, training and socialization.
8. Transportation services.

The Goals listed for AFDC by the Cascade County social workers were:

1. Self-sufficiency meaning to achieve and maintain personal independence, self determination, and security.
2. Self-support meaning to achieve and maintain a feasible level of employment and economic self-sufficiency.

The next program we will identify the service needs and goals for in Cascade County is Child Welfare Services. There are approximately 281 CWS Cases in Cascade County. Their service needs listed by the Cascade County CWS workers are:

1. Foster Care
2. Protective Services
3. Family Planning
4. Homemaker Services
5. Day Care Services
6. Treatment and Therapy for child, Marital, Family, Drug and Alcohol Problems
7. Housing Improvement Services
8. Chore Services (including transportation)

The Goals listed by the Cascade County Workers are:

1. Protection of children
2. Self-sufficiency
3. Self-direction
4. Self-support

Adult Services are the next service needs and goals to be identified.

There are approximately 982 adult clients eligible for services in Cascade County. The service needs listed are:

1. Protective Services to help people remain in the community
2. Homemaker and Chore Services including health aides
3. Referral follow up and crisis intervention
4. Advocacy Services for educational training and socialization
5. Housing improving services
6. Transportation Services
7. Adult Foster Care
8. Services to people in nursing homes

The goals listed for the adult program were:

1. Self-sufficiency
2. Protection of the aged. This meaning to prevent exploitation and to act on behalf or as advocates for the adults.

Custer County

In Custer County the three social service workers and the county director met to discuss the county's service needs and goals.

The priority service needs listed for the 69 AFDC families eligible for services in Custer County is as follows:

1. Family counseling services
2. Day Care Services
3. Family Planning Services
4. Employment Services

5. Homemaker/Home management Services
6. Mental Health Services
7. Health Referral Services
8. Legal Aid Services

The goals listed under AFDC for the Custer County:

1. Enable families to function as happy members of the community
2. To provide for family unity and stability
3. To protect children and families in the preventive sense of the word.

In Custer County there are 76 children in child welfare services. The service needs listed for child welfare services in Custer County are:

1. Foster Care Services
2. Protective services through Day Care
3. Health Care Services
4. Supportive Services
5. Homemaker Services (Family Growth Education)
6. Single Parent Counseling Services
7. Family Planning Services
8. Employment Services for Children

The goals listed for the child welfare services program are:

1. To protect children
2. To keep families together

For adult services the social workers of Custer County listed these services needs for the 127 adults eligible for services in that county:

1. Homemaker services including transportation
2. Home management services
3. Meeting Health needs both mental and physical

4. Protective services such as their type personal care homes
5. Involvement of friends and relatives
6. Sheltered workshop services
7. Self-support counseling
8. Referral to Community Resources

The goals listed for Adult Services in Custer County are:

1. Improved living conditions
2. Provide employment opportunities
3. Protection of adults

Flathead County

In Flathead County the request letter for information was only circulated the day before the scheduled visit to the county. The county director and two social service supervisors compiled the service needs listing and goals based on the knowledge of their workers case loads. The compilation was done during the project director's visit to that county.

The service needs listed for the 278 possible service eligible AFDC Families in Flathead County are:

1. Resolving the initial problems that brought the person or family to the agency.
2. Aide Families to function better
3. Counseling with absent parent
4. Homemaker services mainly the teaching aspect
5. Help child to plan his life maturely
6. Social Workers involvement in mental health clinic treatment
7. Legal Services

The goals listed for AFDC families in Flathead County are:

1. Make the family part of the community
2. Help families to function as families
3. Maintenance of family unity and child normalcy

In Flathead County there are 107 CWS Cases and the Service needs for those CWS Cases in that county are listed in priority order as:

1. Follow up counseling with UMs
2. Planning with child for mature planning
3. The child needs an advocate in the court since the worker has his own role in the court.
4. Change in adoptive procedures especially the hard to adopt child.
5. The System of feedback from the Court to the social service staff as to what happens in dependent and neglected cases.
6. Services to Foster Parents (education, locating resources and supportive services)
7. Legal Services
8. Quick entry into court system when Judge involves agency in court cases.

The goals listed for CWS in Flathead County are:

1. Sensible, permanent and long range planning for children
2. Making planning decisions for child more rapidly

In Flathead County there are approximately 372 adults eligible for Services. Their Service needs are listed as:

1. Protective services. This is acting on the adults behalf Legally in establishing the financial arrangement area.
2. Services to help people in their own home. Namely-homemaker services, home health aid services, friendly visiting and supportive services.
3. Improved housing services
4. Helping to secure medical care
5. Involvement in Vocational Rehabilitation Cases for Social Service area planning.

6. Information and referral services

The Goals for Adult Services in Flathead County are:

1. Independence
2. Help adults to become a part of the community.

Gallatin County

In Gallatin County the two social service workers were available to discuss the county's service needs and goals. The workers felt that since their county was small they would only list three priority service needs and two goals for each program area.

In Gallatin County there are 80 possible eligible AFDC service families. The priority service needs listed for those families are:

1. Broader Day Care to include families with fathers in the home.
2. Homemaker or Case Aid services
3. Low income housing (30 percent of clients ask for this first)

The Goals listed for AFDC services in Gallatin County are:

1. To help provide adequate living conditions
2. Broader services to the potential client.

In Gallatin County there are 23 children in Child Welfare Services and their priority service needs are listed as:

1. Foster Homes for teen agers
2. More day care funds available
3. Homemaker services

The goals for child welfare services in Gallatin County are:

1. Help improve home conditions in which children are living
2. Help parents to better understand their roles in relationship to their children.

In the adult services area there are 134 possible adult service clients who have these priority needs:

1. Adult Foster Care
2. Volunteer service programs at the nursing homes
3. Adequate low income housing.

The goals listed for adult services in Gallatin County are:

1. Provide both earning and recreational stimulation to adult clients.
2. Help adults to maintain independent living.

Hill County

The entire social service staff and the county director were available for the description of service needs and goals in Hill County. The service needs listed for Hill County for the 219 families who could be eligible for services under AFDC are as follows:

1. Counseling in the areas of:
 - a. Marriage
 - b. Family
 - c. Personal problems
 - d. Better consultation with psychologists and psychiatrists
2. Family planning services (especially followup)
3. Day Care Services
4. More acceptable mental health facilities
5. Need for specialized medical services and getting people to them.
Example: Pediatrician and an eye, ears, nose and throat specialist

6. Better contact with absent parent in making service plans for the entire family.
7. Help clients to find better housing.
8. More possibilities for training and employment (WIN has just started in Hill County)

The goals listed for AFDC Clients in Hill County were:

1. Improve quality of family life and individual functioning
2. Keeping families in tact
3. Decrease dependency

The service needs listed for the 42 CWS cases in Hill County are as follows:

1. Protective services in cases of child abuse, neglect and dependency.
2. Counseling Unwed Mothers and child care and family planning
3. More adequate foster homes and more training for foster parents
4. Adoptive services
5. Day Care and training for day care operators
6. Homemaker services
7. Marriage counseling in relation to the effect on children
8. More community resources such as the big brother and big sister program.

The goals listed for CWS for Hill County were listed as:

1. Protect rights of children
2. Better community awareness of child welfare services
3. More community activities in parent programs
4. Improve day care and foster home facilities

The service needs listed for 188 clients who could possibly be eligible for adult services are:

1. Protective services
2. Homemaker services on a 24 hour basis
3. Home health aides
4. Transportation services to help elderly get to community facilities and resources
5. Better housing at lower costs
6. Better mental health facilities
7. More community activity for the elderly
8. Better nutrition

The goals for adult services in Hill County are:

1. Keep elderly in their own homes
2. Enable adults to have more incentive to participate in community activity.
3. Enable adult clients to have better mental and physical health

Lewis and Clark County

In Lewis and Clark County, two of the social service supervisors presented the service needs and goals of their county. These were based on input from all social service staff, whom they had met with earlier in the week.

The service needs of the 287 families that could be eligible for AFDC services in Lewis and Clark County are:

1. Case worker contact to provide counseling in such areas as:
 - a. Family life education
 - b. Child rearing methods
 - c. Budget management
 - d. Friendly visiting

2. Medical Care both psychiatric and physical
3. Housing (including emergency shelter)
4. Education, Job training, and preparation for employment
5. Family Planning Services
6. Homemaker services
7. Legal Advise
8. Volunteer Services mainly in the area of transportation.

The goals listed for AFDC families in Lewis and Clark County are:

1. To maintain families in tact in their own homes
2. To establish meaningful relationships between parent and child
3. To help families become self-sufficient and self-supporting.

Lewis and Clark's social service staff stipulated that the 401 children in child welfare services needed these following services:

1. Protective services
2. Foster Care
3. Adoptive services (Including services to unwed mothers)
4. Day Care
5. Supportive Counseling with children and parents
6. Medical Services
7. Homemaker Services
8. Educational services appropriate to children's needs

The goals listed for the Child Welfare Services In Lewis and Clark County are:

1. To maintain a stable living environment
2. Building up the child's self image
3. Long range planning for the child

In adult services in Lewis and Clark County there are 297 clients who could be eligible for services. Their needs are listed as:

1. Homemaker services
2. Medical services (referral and transportation)
3. Rehabilitative services (employment and training)
4. Adult Protective services including such items as:
 - a. Foster Care
 - b. Nursing Homes
 - c. Protective vendor payments.
5. Housing services
6. Counseling services (case maintenance)
7. Legal services in the areas of evictions, laws, and property.
8. Economic services, this means helping to find furniture, getting their house painted, locating clothes and utilizing volunteers.

The goals listed for adult services in Lewis and Clark County are:

1. Maintain people in their own home
2. Protection of those unable to function properly
3. Helping the elderly to die better.

Missoula County

Missoula County, all available service workers met to discuss the service needs and goals of that county.

There are 576 families that could be eligible for AFDC Services in Missoula County. Their service needs were listed as:

1. Need for social service intake to explain services available to financial assistance clients.
2. Housing referrals and actual low cost housing
3. Family counseling in the areas of:
 - a. Family communication

- b. Job counseling
- c. Marriage counseling
- d. Divorce adjustment counseling
- e. Family planning counseling

4. Improving family living skills
5. Training services
6. Day Care for potentials as well as recipients
7. Volunteers especially in the transportation area
8. Homemaker services

The goals listed for AFDC services in Missoula County are:

1. To help families function better
2. To strengthen family life
3. To provide for independent living

There are 155 children eligible for Child Welfare Services. The Child

Welfare Service needs for Missoula County are:

1. Protective services to keep child in home
2. Homemaker services
3. Foster Care Services
4. Counseling services for unmarried mothers
5. Court related services
6. Day Care Services
7. Adoptive Services
8. Mental health services for diagnostic purposes

The goals for child welfare services in Missoula County are listed as:

1. Protection of children
2. Strengthening of family life
3. Advocate of child, especially in the adoption area

There are 407 clients that could be eligible for adult services in Missoula County. Their service needs were listed as:

1. Social service intake to explain services to public assistance clients
2. Housing (referral and actual)
3. Homemaker services
4. Legal services in the areas of property and consumer protection
5. Training services
6. Use of volunteers mainly in the area of transportation
7. Counseling in the areas of :
 - a. drug abuse
 - b. alcoholism
 - c. accepting limitations
8. Adult foster care services

The goals for adult services in Missoula County were listed as:

1. self realization
2. Independence
3. Advocacy and Protection

Richland County

In Richland County the two social service staff members and the county director participated in the discussion of service needs and goals.

The needs listed for the 68 AFDC families who could be eligible for services in Richland County are:

1. Homemaker services
2. More medical services
3. Transportation services
4. Day Care Centers
5. 24 hour day care homes

6. Kindergarten
7. A big brother - big sister program
8. Training for Parents to be more effective.

The Goals listed for AFDC services in Richland County are:

1. Help parents to be more effective
2. Help children deal more adequately with life situations
3. To provide for Independent functioning

The Richland County staff listed these service needs for the 81 children receiving Child Welfare Services:

1. Homemaker services
2. Family Planning - Sex Education
3. Parent effectiveness training (Marriage Counseling)
4. Big Brother - Big Sister Program
5. Housing Services
6. Health Training services (Nutrition, Cleanliness, V.D., immunizations)
7. Day Care Facilities
8. Drug and Alcohol counseling

The goals listed for Child Welfare services in Richland County are:

1. Help parents to be more effective
2. Help children deal more adequately with life situations
3. Prevention of our of wedlock pregnancy.

The service needs listed for the 125 adults in Richland County are:

1. Homemaker services
2. More adequate medical services
3. Local and area transportation
4. Housing services

5. Personal care homes
6. Adult Foster Care Services
7. Meals-on-wheels expansion.

The goals listed for adult services in Richland County are:

1. To keep people in their home or community
2. Attempting to improve adult clients living situations.

Rosebud County

The service workers and county director met to develop and discuss the service needs and goals of this county.

The Rosebud County staff listed these services for the 110 AFDC families that could be eligible for services in that county:

1. Day Care
2. Health related services
3. Housing improvement
4. Employment and training counseling
5. Home management services
6. Client advocacy to B.I.A.
7. Transportation

The goals listed for AFDC services in Rosebud County are:

1. Help people to hlep themselves
2. Awareness of needs of children
3. Strengthen family unity

The service needs listed for the 40 children in Child Welfare Services were:

1. Establishing the welfare agency's right to function on the reservation.

2. Home improvement and functional education
3. Family counciling
4. Homemaker services
5. Family Planning Services

The goals listed for Child Welfare Services in Rosebud County are:

1. Prevention of births out of wedlock
2. Better family functioning
3. Faster permanent placement planning

The service needs listed for the 124 Adult Clients of Rosebud County are:

1. Homemaker services
2. Advocacy role of agency for reservation clients
3. Health related services
4. Meals-on-wheels services
5. Housing improvement services
6. Adult Foster Care SErvices
7. Protective Services
8. Transportation

The goals of Adult Services in Rosebud County are:

1. Maintaining People in their own homes
2. Keeping people functioning

Silver Bow County

Discussion of the service needs and goals of Silver Bow County was held with the social services supervisors and the County Director. The compilation of material was obtained by the supervisors from their line staff personnel.

The 491 AFDC families who could be eligible for services in Silver Bow County were stated to have these needs:

1. Parental and child counseling
2. Outreach and 24 hour Social Services
3. Group Activities
4. Employment and training services
5. Homemaker services
6. Family Planning services
7. Day Care Services
8. Housing services

The goals listed for AFDC Services in Silver Bow County are:

1. To help mother and child adjust to status of the single parent household.
2. To help prevent parent-child conflict
3. To provide a total positive opportunity for AFDC families to function as well as possible.

Service needs listed for the 137 children in child welfare services in Silver Bow County are:

1. Protective Services
2. Services to Unmarried Mothers
3. Foster Care Services
4. Adoptive Placement services
5. Marital and child counseling services
6. Services to children in the 16-18 year old range
7. Group care services (residential treatment center, group home for girls)
8. Specialized Education services

The goals listed for Child Welfare Services in Silver Bow County are:

1. Preventive services to prevent abuse and neglect of children
2. To help stabilize the family unit
3. Making meaningful plans for children under the Child Welfare Services of our agency.

There are 573 adult clients eligible for services in Silver Bow County.

Their needs are listed as:

1. Adult Foster Care Services (development and training)
2. Nursing Home Services
3. Outreach Services
4. Friendly Visiting Services
5. Homemaker Services
6. Group Services
7. Special Services to Developmentally Disabled Groups
8. Community Services (advocacy)

The goals of adult services in Silver Bow County are:

1. Maintain adults in their own homes or communities
2. To provide for greater participation in community life
3. To be adult client's advocates in development of community services

Wheatland County

The County Director presented and discussed the service needs and goals for this county as well as for the other three counties he supervises--Musselshell, Golden Valley and Petroleum. He listed three common services goals for the three service areas.

The service needs listed for 38 AFDC Families that would be eligible for services in this four county area are:

1. Employment (referral and development of opportunities)

2. Day Care
3. Family Planning
4. Medical and Dental Service referrals
5. Legal services
6. Housing (referral and advocacy)
7. Transportation
8. Homemaker services

The service needs listed for 14 Children under Child Welfare services in the four county area are:

1. Protection
2. Day Care
3. Foster Homes
4. Sex Education (No Public Health Department)
5. Employment (for children in foster care)
6. Medical-Dental
7. Transportation
8. Teach Homemaking Skills

The service needs listed for the 106 adults eligible for services in the four county area are:

1. Medical-Dental
2. Transportation
3. Housing Services (Foster Care, Personal Care)
4. Homemaker services
5. Run Errands (Meet nursing home resident needs)
6. Social outlets
7. Legal services
8. Protection

The common service goals listed for the four county area are:

1. Fuller participation in American way of life
2. Independent functioning of clients
3. Enable clients to have self-respect.

Yellowstone County

Each social service staff member of this county office compiled a priority list of service needs and service goals and presented them to their respective supervisors. These lists were then discussed with the social service supervisor during the visit to Yellowstone County.

The service needs listed for the 899 AFDC families who could be eligible for services in Yellowstone County are:

1. Educational Services (Referral and opportunity)
2. Family Counseling services
3. Housing services
4. Family Planning services
5. Legal Services
6. Homemaker services
7. Day Care Services
8. Transportation Services

The goals listed for the AFDC services in Yellowstone County are:

1. Better functioning as a family unit
2. To provide for single parent families to function independently in the community.
3. Provide for better living environment.

There are 260 children under child welfare services in Yellowstone County and their needs are listed as:

1. Foster care services
2. Family counseling services
3. Adoptive services
4. Homemaker Services
5. Services to Unmarried Mothers
6. Health services
7. Family Planning Services
8. Legal Services

The Goals for Child Welfare Services in Yellowstone County are:

1. Assist in helping families to function as families
2. Provide more acceptable living environments
3. Protect children

In Yellowstone County there are 889 adults who could be eligible for services. Their needs are listed as:

1. Better living and care situations
2. Transportation services
3. Homemaker services
4. Recreation services
5. Counseling services
6. Chore Services
7. Friendly Visiting Services
8. Employment Services

The goals listed for adult services in Yellowstone County are:

1. Better living situations
2. Keep people in their own homes
3. Provide resources for people to meet their own needs.

Glasgow Social Service Agency
(Representing Valley and Phillips Counties)

The entire available social work staff met to discuss the service needs and goals of the Glasgow Agency. This agency has staff in the smaller communities surrounding Glasgow as well as a central office in Glasgow.

The Glasgow agency staff combined the service needs for AFDC families and for Child Welfare Services Children. The number eligible for services for the Glasgow agency is not relevant since the entire population is eligible for services. The service needs listed for the Glasgow area in family and children services are:

1. Protective services for children
2. Need for authorization to offer services on the reservation
3. Substitute child care
 - a. Foster Homes
 - b. Day Care
 - c. Adoptions
4. Supportive Services--Counseling and Guidance
5. Educational Services
6. Preventive services
 - a. Socialization
 - b. Advocacy
 - c. Big Brother - Big Sister
 - d. Community Organization Activities
7. More adequate diagnostic consultation

8. Need to make community aware of agency services

The goals listed for the Glasgow agency in family and children's services are:

1. Protective Services
2. Offer services to children on the reservation on a voluntary basis and only those services requested by the tribe.
3. Community involvement and organization for the prevention of delinquency, neglect and dependency.
4. Integration of services with other agencies

The adult service needs listed by the Glasgow Agency staff for that area are:

1. Better out reach to get people to services
2. Transportation services
3. Homemaker services
4. Broader Homemaker activity (Chore SErvices)
5. Counseling the elderly and disabled
6. Coordinating Services for Adults
7. Adult Foster Care Services
8. Training so as to help deal with alcoholism

The goals listed for ADult services in the Glasgow agency are:

1. Outreach
2. Provide care to elderly or disabled.
3. Encourage adult clients to be self-supporting.

Wolf Point Social Service Agency
(Representing Roosevelt, Daniels, and Sheridan Counties)

The entire availabel Social Service Staff met to discuss their areas service needs and goals. All persons in the area are eligible for services from this agency and staff are placed in communities around

the Wolf Point Agency.

The Family service needs (AFDC) listed by the Wolf Point Agency Staff are:

1. Employment services
2. Housing services
3. Educational services
4. Homemaker services
5. Family Planning Services
6. Legal Services
7. Transportation Services
8. Counseling (family and Alcohol)

The goals listed by the Wolf Point Agency for family services are:

1. Enrich Family life
2. Strengthen family life
3. Enable families to live independently

The service needs listed for the Child Welfare services by the Wolf Point Agency staff are:

1. Staff Training so as to be able to work with unwed mothers
2. Counseling (children and families)
3. Develop system to work harmoniously with Juvenile Officers
4. Day Care Centers
5. Foster Care for teenagers and handicapped
6. Foster Home parents association
7. Training of Foster Home Parents
8. Transportation Services

The goals listed by the Wolf Point agency staff for children's services are:

1. Better quality foster care
2. Better quality day care
3. Assist Foster Parents

Adult Service needs listed by the Wolf Point Agency staff are:

1. Homemaker services
2. Transportation services
3. Adult Foster Care
4. Need for more nursing home beds
5. Senior centers
6. Alcoholism counseling
7. Volunteer activities (use of adults as volunteers used to serve adults)
8. Legal Services

The goals for adult services listed by the Wolf Point Agency are:

1. Enable adults to remain in their own homes
2. Assist adults to live independently
3. Aid adults to have better living conditions

Summary of Service Needs and Goals Assessments

It is felt that it would be helpful to draw some correlations between service needs and also to draw some correlations between the goals listed by the counties.

By correlating or summarizing goals and needs we in no way wish to minimize or dilute the individual needs or goals listed by each county or social service agency.

To have a more accurate correlation, the counties and agencies were separated into three separate groupings. The groupings are Urban, Semi-Urban/Rural, and Rural. These groupings were made based on eligible service caseloads, population, and resource configuration.

The County or Agency groupings for Correlation purposes are:

URBAN

Cascade

Missoula

Silver Bow

Yellowstone

RURAL

Richland

Rosebud

Wheatland

Golden Valley

Petroleum

SEMI-URBAN/RURAL

Custer

Flathead

Gallatin

Hill

Lewis & Clark

Musselshell

Phillips

Valley

Daniels

Roosevelt

Sheridan

Glasgow SSA

Wolf Point SSA

The Correlation for Social Services needs will be broken down by service programs under each of the county groupings. Following each service program needs priority list there will be a program goals listing in priority order.

Our first area of correlation of service needs and goals will be the Urban Group followed by the Semi-Urban/Rural group and finally the Rural group.

Urban County Correlation of Service Needs and Goals

Under the AFDC program the service needs most identified by the urban counties in priority order are:

1. Counseling (family and marital)
2. Family Planning services
3. Training and employment services (supportive, referral, opportunity)
4. Housing (referral and development)
5. Homemaker services
6. Day CAre
7. Transportation services
8. Outreach services

The goals listed for the Urban counties for AFDC services are:

1. Assist families to function as well as possible
2. Aid families to adjust to single parent status
3. Enable families to live independently

The correlated services needs for the Urban Counties in Child Welfare Services are:

1. Foster Care Services
2. Protective Services
3. Family counseling services
4. Homemaker services
5. Counseling unmarried mothers
6. Adoptive services
7. Family Planning Services
8. Day Care Services

The correlation of goals for Child Welfare Services in the Urban Counties is:

1. Protect the child and be his advocate
2. Strengthen family life
3. Provide adequate Planning for children

The correlated services needs for Adults in the Urban Counties are:

1. Adult Foster Care Services
2. Homemaker services
3. Housing services
4. Counseling services
5. Transportation services
6. Nursing Home Services
7. Friendly Visiting SErvices
8. Outreach (getting services to people)

The correlated goals for services offered to adults in the Urban Counties is:

1. Enable adults to meet their own needs
2. Keep people in their own homes so they can maintain their own independence
3. Provide advocacy and Protection for adults.

Correlation of Social Service Needs and Goals
In Semi-Urban/Rural Counties

The correlated service needs in priority order for the Semi-Urban/Rural Counties in AFDC are:

1. Day Care Services
2. Counseling Services
3. Homemaker services
4. Mental Health Services
5. Health services
6. Family Planning services

7. Housing services
8. Employment and training services

The correlated goals listed for AFDC in the Semi-Urban/Rural counties are:

1. Enable families to take up role as an integral part of communities.
2. Enable Families to function intact
3. To protect children and be their advocate.

The correlated CWS needs of the Semi-Urban/Rural Counties are:

1. Foster care services
2. Counseling Unwed Mothers
3. Homemaker services
4. Day Care Services
5. Protective services
6. Adoptive services
7. Medical care services (mental and physical)
8. Family Planning

The correlated goals for CWS in the Semi-Urban/Rural Counties are:

1. Keep families together and children in the home
2. Protection of the child and being the child's advocate
3. More realistic planning for children

The correlated service needs for adult services in the Semi-Urban/Rural Counties are:

1. Homemaker services
2. Medical related services
 - a. referral
 - b. development
 - c. transportation

3. Protective services
4. Housing services
5. Community resource (referral and development)
6. Counseling services
7. Adult Foster Care Services
8. Rehabilitation services including planning with Vocational Rehabilitation

The correlated goals for adults services in the Semi-Urban/Rural Counties are:

1. Help adults to live independently
2. Enable Adults to participate fully in community life
 - a. employment
 - b. recreation
 - c. meaningful activities
3. Protection of adults

Correlation of Social Service Needs and Goals
For Rural Counties

The correlated service needs listed for AFDC in the rural counties are:

1. Employment and training services
2. Day care services
3. Homemaker services
4. Transportation services
5. Health related services
6. Housing services
7. Counseling services
8. Family Planning Services

The correlated goals for AFDC in the Rural Counties are:

1. Enriching Family Life
2. Enable clients to function independently
3. Protection of children

The correlated service needs for CWS in the rural counties are:

1. Day Care Services
2. Counseling services
3. Homemaker services
4. Family Planning Services
5. Foster Home services
6. Authority to offer services on reservation
7. Protective services
8. Medical-Dental services

The correlated goals for CWS in the rural counties are:

1. Adequate independent functioning families
2. Efficient Foster Care Services
3. Protection of children

The correlated service needs listed for adult services in the rural counties are:

1. Homemaker services
2. Transportation services
3. Adult Foster Care services
4. Medical services
5. Housing services
6. Meals-on-wheels
7. Protective services
8. More substitute care facilities
 - a. Personal care homes
 - b. nursing homes

The goals for Adult services in the rural counties are:

1. Keep adult clients in their own homes
2. Enable people to function independently
3. Help adults attain better living situations.

A final correlation can be drawn by placing the service needs listings from each program area and county grouping together.

The service needs for AFDC would look like this:

<u>URBAN</u>	<u>SEMI-URBAN/RURAL</u>	<u>RURAL</u>
1. Counseling	1. Day Care	1. Employment & Training
2. Family Planning	2. Counseling	2. Day Care
3. Training & Employment	3. Homemaker	3. Homemaker
4. Housing	4. Mental Health	4. Transportation
5. Homemaker	5. Health service	5. Health Related
6. Day Care	6. Family Planning	6. Housing
7. Transportation	7. Housing	7. Counseling
8. Outreach	8. Employment & Training	8. Family Planning

The summary that can be drawn from this listing can reasonably show the priority order of service needs for AFDC in Montana. These needs are:

1. Day Care Services
2. Counseling (Marital and Parent child)
3. Homemaker services
4. Employment and training services
 - a. Development
 - b. Referral
5. Family Planning Services
6. Housing services

7. Transportation services
8. Health Related services
9. Mental Health Services
10. Outreach

The service needs for CWS for all county groupings would look like this:

<u>URBAN</u>	<u>SEMI-URBAN/RURAL</u>	<u>RURAL</u>
1. Foster Care	1. Foster Care	1. Day Care
2. Protective	2. Counseling U.M.'s	2. Counseling
3. Family Counseling	3. Homemaker	3. Homemaker
4. Homemaker	4. Day Care	4. Family Planning
5. Counseling U.M.'s	5. Protective	5. Foster Home
6. Adoptive services	6. Adoptive services	6. Authority to Offer CWS on reservation
7. Family Planning	7. Medical care	7. Protective services
8. Day Care	8. Family Planning	8. Medical-Dental assistance

A summary drawn from this shows a reasonable priority list of services needs for child welfare services statewide:

1. Foster care
2. Counseling (Marital, Parent-Child, U.M.'s)
3. Homemaker services
4. Day Care services
5. Protective services
6. Family Planning Services
7. Adoptive
8. Medical-Dental
 - a. Development
 - b. referral
 - c. transportation

9. Authority to operate on reservations

The service needs for adults from all county groupings are:

<u>URBAN</u>	<u>SEMI-URBAN/RURAL</u>	<u>RURAL</u>
1. Adult Foster Care	1. Homemaker	1. Homemaker
2. Homemaker	2. Medical related	2. Transportation
3. Housing	3. Protective services	3. Adult Foster Care
4. Counseling	4. Housing	4. Medical
5. Transportation	5. Community Resource a. referral b. development	5. Housing
6. Nursing Home	6. Counseling	6. Meals on Wheels
7. Friendly Visiting	7. Adult Foster Care	7. Protective
8. Outreach	8. Rehabilitation Services	8. More substitute Care

A summary of priority service needs listed, drawn from the above information would show the following:

1. Homemaker services
2. Housing services
 - a. development
 - b. referral
3. Adult Foster Care
4. Medical Services
 - a. development
 - b. referral
 - c. transportation
5. Transportation services
6. Protective services
7. Counseling services (supportive, case maintenance)
8. Community resources
 - a. development
 - b. referral

9. Services to clients in Nursing homes
10. Meals on Wheels
11. Friendly visiting
12. Outreach
13. Rehabilitation services including planning with the Division of Vocational Rehabilitation
14. More substitute care facilities (Nursing homes, Personal Care)

A similar correlation can be drawn with the goal configurations obtained from the county groupings.

The goals for AFDC from the various county groupings would look like this:

<u>URBAN</u>	<u>SEMI-URBAN/RURAL</u>	<u>RURAL</u>
1. Assist families to function as well as possible	1. Enable Families to take up role as integral part of community.	1. Enrich Family life
2. Aid families to adjust to single parent status	2. Enable Families to function intact	2. Enable clients to function independently
3. Enable families to live independently	3. To protect children and be their advocate	3. Protection of children

A summary of goals for AFDC that could reflect the statewide conception is:

1. Enable families to function as well as possible within their own communities.
2. Aid families to remain intact and function independently.
3. To protect children and be their advocate

The goals correlation for CWS looks like this:

<u>URBAN</u>	<u>SEMI-URBAN/RURAL</u>	<u>RURAL</u>
1. Protect child and be his advocate	1. Keep family together and children in the home	1. Adequate independent functioning families
2. Strengthen family life	2. Protection of child and be his advocate	2. Efficient foster care services
3. Provide adequate planning for children	3. More realistic planning for children	3. Protection of children

The goals for CWS statewide can be summarized as follows:

1. Protect the child and be his advocate
2. Provide for adequate independent functioning families
3. To have more realistic planning for children
4. To provide for efficient foster care services

The goals correlation for the county groupings in the area of adult services looks like this:

<u>URBAN</u>	<u>SEMI-URBAN/RURAL</u>	<u>RURAL</u>
1. Enable adults to meet their own needs	1. Help adults to live independently	1. Keep clients in their own homes
2. Keep adults in their own homes	2. Enable adults to participate in community life	2. Enable adults to function independently
3. Provide advocacy and Protection for adults	3. Protection of adults	3. Help adults to attain better living situations

The goals for adults services on a statewide basis can be summarized as follows:

1. Help adults live independently in their own homes
2. Enable adults to have a role in the community
3. Protect adults who can not act on their own behalf

Conclusion of Service Needs and Goals Analysis

The listings compiled in this report do not lock in or necessarily establish the way all service programs will be developed. These listings and summaries will, however, be a very important tool in the development of statewide service plans since they represent field input.

APPENDIX 5

Service Information Questionnaire

STATE OF MONTANA
SOCIAL AND REHABILITATION SERVICES
INTER-OFFICE CORRESPONDENCE

FROM: National Social Service Reform Project Date: July 30, 1973

TO:

RE: Questionnaire for the Social Service Reform Project

As a part of the National Social Service reform project and as a direct result of information gathered by Don Sekora in March and April of this year, obtaining a clarification of what is meant by a few service concepts is felt to be necessary at this time.

We feel that you, the line worker, can best identify these concepts. To help you formulate your thoughts, there are twelve questions which you can answer by ranking from most to least preference using number one as the most preferred and numbering down to the least preferred. If the question refers to an area of activity you are unfamiliar with please refrain from answering that question by marking it N/A.

Please complete the questionnaire and return it prior to August 17, 1973. Please send it to:

Donald V. Sekora
Family and Adult Services Bureau
Box 1723
Helena, Montana 59601

Thank you for your efforts in providing us with valued information that will help us to better plan for social service programs in our agency.

Don Sekora
Don Sekora, Director
National Social Service
Reform Project

DS/rew

SAMPLING OF PROPOSED QUESTIONNAIRE

Rank from most to least according to preference.

1. What type of homemaker service is most needed in family and child welfare services?
 A. teaching household responsibilities.
 B. teaching how to properly care for children.
 C. both a and b above.
 D. carrying out household responsibilities and care of children but not teaching.
 E. teaching and carrying out household responsibilities and care of children.
 F. cleaning, shopping, and mending.

2. What type of homemaker services is most needed in adult services?
 A. cleaning, shopping, and mending.
 B. teaching household responsibilities.
 C. carrying out household responsibilities such as cooking and shopping.
 D. both b and c above.
 E. teaching and carrying out household responsibilities.

3. In family planning services should the SRS service worker primarily be responsible for?
 A. referral to family planning clinic.
 B. counseling about family planning - need, methods, and devices.
 C. referral to more competent, qualified professional without discussion.
 D. referral to other medical personnel.
 E. discussion, counseling then referral to family planning clinic if appropriate.

4. What is most needed in day care for children?
 A. coordination of current services.
 B. more day care centers.
 C. more day care homes.
 D. higher quality of home and/or centers.
 E. better referral system.

5. When someone mentions counseling what is most clearly indicated?
 A. a licensed professional such as a psychologist or psychiatrist only.
 B. talking about a topic but in general, nonspecific terms.
 C. psychotherapy in the clinical sense of the word around client dysfunctioning with professional background available.
 D. talking about causes and remedies of certain problems including future prevention.
 E. manipulating environment to bring about behavior change.

6. Advocacy most closely means?
 A. taking over for the client.
 B. acting as client's agent.
 C. making client dependent on service worker in certain cases.
 D. intervention with agencies and/or professionals on behalf of client.
 E. carrying out daily social work activities.
 F. developing community resources.

7. Protective services means?

- A. intervening on behalf of children and/or adults.
- B. taking over custody of people unable to care for themselves.
- C. helping only when requested.
- D. helping parents cope with children.
- E. placing children/adults for their own protection.

8. Treatment in CWS would most closely mean?

- A. work intensively with children.
- B. counseling intensively with parent (s).
- C. working conjointly with family.
- D. intervening and providing services wherever they are indicated.
- E. doing (environmental manipulation) rather than counseling.

9. What is most needed in protection of adults?

- A. foster homes.
- B. protective settings - including nursing homes, intermediate care homes, and boarding homes.
- C. more and better medical services.
- D. coordination of a and b above.
- E. transportation services.
- F. legal authorization to provide protective services.

10. Employment services means?

- A. counseling about vocations.
- B. referral - generally to employment department of DVR.
- C. providing jobs.
- D. referral to a specific job.
- E. talking about possible employment opportunities.

11. Single parent counseling services are?

- A. discussing marriage plans with single parents.
- B. counseling and/or referring sexually promiscuous single parents to family planning.
- C. helping single parents assume dual roles of both mother and father.
- D. discussing what this means with children (single parents).
- E. referral to parents without partners clubs.

12. What do you identify as your needs in foster care?

- A. more foster homes.
- B. more training for foster mothers.
- C. more training for social workers working in foster home placement.
- D. more counseling available to foster homes.
- E. better coordination of foster home services currently available.

APPENDIX 6

Results of 1115 Questionnaire

RESULTS OF 1115 QUESTIONNAIRE

The attached narrative will report the results of the questionnaire sent to approximately 280 line workers in the SRS throughout Montana. Responses received as of the end of August were 62 percent. The deadline date for returning the questionnaire was August 17, 1973 (see Appendix 5).

Of the twelve questions asked, most received a clearcut response as to what the majority of workers preferred as their first choice. There were three questions where this was less clear - dealing with homemaker services in adult services, the most needed priority in day care for children and the meaning of the concept of advocacy. In the first two questions, justification for these not being clearcut distinctions could lie in the fact that both family/child welfare service and adult workers were answering questions in which some of them have no contact with, i.e., adult service workers do not come in contact with day care for children while family workers do not have contact with homemaker service needs in adult cases. The later question dealing with advocacy does not present a clearcut choice because this is a relatively new concept in SRS and many workers are not familiar with it.

The other nine questions are all presented with a clearcut distinction of what workers preferred as their first choice. These will be reported by individual questions and the first three preferences indicated. These preferences are reported by number of first place choices the response received of the total population: Workers indicated the types of homemaker service most needed in family and child welfare services was teaching household responsibilities and how to properly care for children. The second most chosen response was teaching and carrying out household responsibilities and care of children.

Family Planning Services the SRS worker should be responsible for discussion, counseling then referral to family planning clinics if appropriate. Second response was for referral to family planning clinic without counseling and/or discussion.

According to 87 percent of the total, counseling means talking about causes and remedies of certain problems including future prevention. The second choice comprising less than ten percent was for psychotherapy in the clinical sense of the work about client dysfunctioning with professional background available.

Ninety-four percent of the workers polled thought protective service means intervening on behalf of children and/or adults. The remaining six percent thought it meant placing children/adults for their own protection.

In the area of CWS, treatment most clearly meant working conjointly with the family. Second choice was intervening and providing services wherever they are indicated. Third choice comprising less than seven percent was working intensively with children.

The most needed priority need in protection of adults was for coordination between foster homes and protective settings such as nursing homes, intermediate care homes and boarding homes. Second choice was an identical number of responses - eleven percent each for protective settings and legal authorization to provide protective services.

The last three questions concern themselves with employment services, single parent counseling, and foster care needs:

For Fifty-five percent, employment services mean talking about possible employment opportunities. Thirty-one percent indicated it meant counseling about vocations while the remaining twelve percent thought of it as referral - generally to the employment department of the Division of Vocational Rehabilitation.

Service workers clearly indicated that single parent counseling services mean helping single parents assume dual roles of both mother and father. Thirteen percent described it as discussing what this means with children while fewer than seven percent said it meant counseling and/or referring sexually promiscuous single parents to family planning.

The last question dealing with priority needs in foster care, forty-seven percent chose the need for more foster homes. Fifteen chose more training for foster mothers, fifteen percent chose more training for social workers working in foster home placement and fifteen percent chose better coordination of foster home services currently available. The remainder thought the priority need was more counseling available to foster homes.

Implications: The purpose of this questionnaire was to attempt to determine how service workers explicitly defined concepts which had been identified in the earlier work completed in the area of service needs. This has been accomplished. The conceptual definitions found in this questionnaire indicate what changes may be needed to be undertaken by line staff in order to comply with new federal guidelines. It would also seem to indicate areas which need to be covered by staff development and in-service training by SRS.

The fact that only three of the twelve questions asked reflected no clearcut choice seems to be a positive indicator that most workers define significant concepts and needs similarly. The three questions which didn't reflect this clearcut choice appear to have justifiable reasons why they didn't.

In terms of developing resources, it appears that line workers have shown the administration what they want and need, i.e., in foster

care more homes are needed, in homemaker services teaching in household activities and child care was indicated as needed, etc. The analysis by field visits, documented there are not enough homemakers in SRS. Thus, the implication seems to be for a need to develop more homemakers in the areas indicated above.

APPENDIX 7

Resource Evaluation

RESOURCE EVALUATION

The third section of this report shall discuss resources and services and how they relate to the new federal service guidelines. The first two sections discussed current status, statistics and projections, and the needs and goals of social services in the field.

For the purposes of this section of the report the State has once again been split into three geographical sections - urban, semi-urban/rural, and rural counties. These will be discussed in terms of their stated priorities of service needs as they were discussed in the previous section. Goals in AFDC, in Child Welfare Services, and in adult services will be individually discussed. Implications, interpretations, and assumptions will then be made from this discussion to give some idea of who will be expected to provide which services in the respective areas.

The services currently being provided by S.R.S. will not be listed in this section because we are attempting to look at resources in addition to those within S.R.S.

URBAN

AFDC Program: The content of this section has been written in an attempt to prevent duplication and misclassification of resources, however, there are times when this has been extremely difficult.

Two of the three urban areas comprise the only standard metropolitan areas (SMA) in the State. The third urban area, Silver Bow County is in a reverse trend - namely, losing population. However, these areas are much richer in terms of resources available to meet service priorities as they

are listed and in fact, many times service workers have a choice of resources.

For example, the number one priority in service needs in urban areas is for family and marital counseling as interpreted by S.R.S. social workers. The services in this area include family service agencies, Catholic Charities, Mental Health centers, Courts of Conciliation, Lutheran Social Services, and the Rimrock Guidance Foundation.

Family Planning has within the three urban areas a total of six resources, two of which are specifically for family planning and planned parenthood. The others are multi-purpose agencies such as Catholic Charities and Public Health Departments.

In the area of training and employment services which was listed third as a priority in the urban services generally include WIN, CEP, Adult Schools, State Employment Service, as well as other private resources. In general, there is an average of eight such resources in each urban area which can and do provide direct services in this area.

The housing resources in urban areas number twenty-one, which is more resources than any other area except day care and employment. However, housing remains an acute problem with many low income individuals despite these resources. Therefore, because the special skills for service in this area are few, it does seem to be an area where social workers must provide assistance. Resources in this area include housing authorities, housing assistance offices, and various public housing projects. However, I hasten to add that if there is no housing available, then resources and agencies will be to no avail. Literature in this area indicates that in general, low income housing is not available in great enough quantities despite these resources.

Homemaker resources outside of S.R.S. are lacking as there are only two resources in the three urban areas. This in spite of homemaker services being listed fifth in priority of resource needs. In both areas this resource was FISH.

In the area of day care the urban areas are in a much better position for providing services. There were a total of twenty-three listed for the three urban areas which included day care centers and referral and coordinating agencies. This figure excluded Headstart Day Care Centers, however, Headstart appears to be cutting back in these areas therefore probably should not be included.

The last two areas of service needs identified were for transportation and outreach services. Only two resources were listed in each of these areas, which would then place the social worker in a position of having to provide these services himself.

Child Welfare Services: The history of Child Welfare Services in the United States has been such that two or three agencies have assumed primary responsibility for this area. This developmental pattern has been similar in Montana also. Within local S.R.S. offices traditionally social workers have worked in this area with voluntary, non-court cases. Probation officers have become involved when Child Welfare cases have come to the attention of the courts. Upon release from state institutions in Montana, After Care counselors become primarily responsible for services. This pattern to a great degree has stifled other types of similar development in the area of Child Welfare.

The primary responsibility in this area rests on three agencies/individuals - the social worker in S.R.S., the after care counselor in After

Care, and the probation officer. Thus, the other resources for foster homes are not agencies who coordinate foster home placements, but rather receive applicants into their institutions.

Again, a list of eight service needs were listed for C.W.S. The first area was for foster care services and within the three urban areas there were a total of five resources. These five include St. Thomas, Yellowstone Boys' Ranch, Lutheran Social Services, Catholic Charities, and a boys' group home.

In the other services listed by priority, the following resources are available:

Protective services has three resources - Crisis Center, Youth Development Service, and a boys' group home.

Family counseling has at least four resources if Mental Health is excluded - Court of Conciliation, Drop In Center, Youth in Crisis Center, and Rimrock Foundation.

Homemaker services - See above section on AFDC.

Counseling unwed mothers services include Lutheran Social Services, Salvation Army, Catholic Charities, and Planned Parenthood.

Adoptive services provide three services, S.R.S., Catholic Charities, and Lutheran Social Services.

Family planning - See above section on AFDC.

Day care services - See above section on AFDC.

Adults: The service needs listed for adults include mostly non-material type services which cannot presently be provided by the social security system in this country. It should be kept in mind there are many various services not specifically designed for adults, but available for their use. These services for example are Mental Health, alcoholics services, etc.

Service needs for adults in urban areas include these priorities and have the following resources available:

Adult foster care services is listed as the number one priority for adults. There are no services explicitly dealing with this major concern of S.R.S. service workers, however, there is a multi-purpose center in one urban area which could work in this area. Homemaker services available to adults is the same as for AFDC and CWS - only two such services in the urban area surveyed.

Housing is the third priority area and in addition to resources available to all ages, there is only one used exclusively for adults, the senior citizen housing complex. Counseling services for adults would be the same as those listed under AFDC. Transportation resources are the same as AFDC.

In the area of nursing homes there are many available for adults with fourteen listed - however, this list could no doubt be expanded upon. The key here is that social workers must know what resources are available, how referrals are made, the type and quality of care and treatment, and other areas of concern regarding nursing homes.

Friendly visiting is listed as the seventh priority and is probably the key service functioning outside S.R.S. There were four resources listed by the urban counties, but this list could also be expanded if other types of formal and informal friendly visiting resources were included, i.e. high school volunteers, interested civic groups and the like. Formally structured friendly visiting includes Meals-on-Wheels, community home care, and activity centers.

As a result of the survey completed in urban areas it appears that the number of agencies specifically and formally organized to deal with

areas which workers listed as the eight top service priority areas is the greatest in the area of AFDC and least in adult services.

It should be pointed out, however, there is considerable overlap in service provision as I stated previously. The implications are S.R.S. service workers would have to be prepared to provide the greatest degree of services, where the least is now available, namely, adult services.

Further, in the specific areas, i.e. AFDC, it appears the services least available are in the areas of outreach, homemaker, and transportation. It may be argued that outreach services belong in agencies other than S.R.S., but the point is, this service is not being provided by anyone or at least very few at the present time, thus S.R.S. may be forced to assume responsibility in this area through the process of elimination.

Child Welfare Service resources are also in need of homemaker services. Although there are only three adoptive services available, this is a specialized area and three seem to be adequate. The other area of need in Montana is in the area of Protective Services. Other than S.R.S., probation, and After Care, there appeared to be only three additional resources in the urban areas. A quick review of C.W.S. statistics would seem to indicate a need in this area which is now taken up by S.R.S. workers.

Adult services have available the least number of specialized services and appear to have a severe need in the first two areas listed by workers - adult foster home care and homemaker service.

SEMI-URBAN/RURAL

The service needs for the semi-urban/rural areas will be discussed and will be listed by priority area once again. S.R.S. will not be included as a resource area.

AFDC: In the area of day care which is the number one priority service need area in the urban/rural communities there are a total of nine resources available to S.R.S. service workers out of the five counties evaluated. These counties were Custer, Gallatin, Hill, Lewis and Clark, and Valley. Resources included three 4 C's offices, Social Service Agency, Mountain Plains Education and Economic Development Corporation, and two private day care centers. It must be kept in mind when evaluating this area that the resources listed do not include day care homes which comprise a large part of day care resources with any community.

Counseling services include at least nineteen resources with the following resources available in this area: Alcoholics Anonymous, Alcohol Recovery Center, Al Anon, After Care, Big Brothers, Catholic Charities, Court of Conciliation, Crisis Center, Diagnostic and Remediation Center, Community Action, Florence Crittenton, Lutheran Social Services, Mental Hygiene Clinic, Ministerial Association, Montana State University, Parents Without Partners, and a Social Club. However, because this is listed as the number two service need area it is suspected that the problem is one of quality rather than quantity.

Homemakers' services are listed as the third priority in service need area and from the resources listed as available does appear as an unmet need. Only one resource was listed - FISH in all of the five counties evaluated.

Mental Health Services listed three primary resources available - Mental Hygiene Clinic, Regional Mental Health Center, and a Social Club.

Three resources were listed as available: Deaconess Home, Lutheran Social Services, and Catholic Charities. The later two were also listed in the urban areas as resources.

Counseling unwed mothers, listed second, has four resources available for use - Lutheran Social Services, Catholic Charities, Florence Crittenton and Crittenton-Shodair Auxiliary.

Homemaker services has two resources available - Social Service Agency and FISH. It will be recalled that this was also listed as a high priority service area in the urban areas and they likewise had few resources in this area.

Day Care services list five resources available: two 4 C's, Mountain Plains Education and Economic Development Program, and a Social Service Agency. However, the same exception applies in this area as did with AFDC day care services - namely, that no day care homes are listed as resources but do comprise a sizeable portion of the total.

Protective services consist of a Diagnostic and Remediation Center, two probation services, two Headstart programs, a public health agency, a Big Brother program, and a Child Development Center which totals eight resources in the five county area.

Services in the area of adoptions consist of two resources - Lutheran Social Services, and Catholic Charities.

Medical services, both mental and physical was listed seventh and consists of twelve resources. These include two Mental Health Clinics, Shriners' Hospital, Children and Youth Clinic, Diagnostic and Remediation Center, Child Health Services, Montana State University, Probation, Ministerial Association, and Easter Seal.

The eighth and final service need listed in the semi-urban/rural counties in Child Welfare Services was in the area of family planning. Four family planning clinics and one city-county health department were listed as available in this area.

Medical services and day care services appeared to have the greatest number of resources in Child Welfare Services while foster care, homemaker, and adoption had the fewest.

Adult: Homemaker services, listed second in urban areas was listed as the number one priority for service needs in semi-urban/rural counties. There were no services listed as available in this area.

Medical services - referral, development, and transportation was listed second and demonstrated only two resources - both FISH resources in this area.

Protective services for adults was listed third and the following resources were liberally interpreted as being protective: four senior citizen's centers, two nursing homes, two extension agencies, and a Daily Dinner Club. However, it's quite apparent there were no strictly protective resources in this area.

Housing for adults is a service area and the following resources were available: two public housing authorities, a Friendship Center, a Ministerial Association, FISH, YMCA, YWCA, and a Salvation Army.

Community resources - referral and development was listed fifth. The following resources were available and utilized in this area - two RSVP's and the Montana Organization for Volunteer Efforts (MOVE).

Counseling for adults included three resources: two mental health clinics and a Social Club.

Listed as a seventh priority service area was foster care which has no resources available in this five county area.

In the area of rehabilitation, six resources were listed as available, four being the Division of Vocational Rehabilitation. The other two were a Sheltered Workshop and Helena Industries.

Thus, in the area of adult services, the number one and number seven service need areas - homemaker and foster care had no resources available. Protective services and rehabilitation listed the greatest number of resources.

RURAL

In addition to having fewer resources than larger counties, the service needs in rural counties in general vary from the urban and the semi-urban/rural areas. The three general areas of AFDC, CWS, and Adult services will be discussed and these differences pointed out. There were a total of seven counties used for the purposes of this evaluation.

AFDC: The number one service need area in AFDC in rural areas is employment and training. This area is listed third in urban areas and eighth in semi-urban/rural counties. The resources available in this area consists of six services: three Vocational Rehabilitation, two WIN, and one employment service.

Day care services was listed second and show no resources available in this area. Day care was listed sixth in urban areas and first in semi-urban/rural counties.

Homemaker services, listed as number three in service need areas has only one resource - extension service. In all three geographical areas homemaker services was listed no lower than fourth in priority service need area. Also, in this service area there were the fewest number of resources for all three geographical areas.

Transportation shows one resource available - Red Cross and is the fourth rated service need area.

There were ten resources available in the service need area of health. Primarily these resources consisted of public health nurses, hospitals, and the Wolf Point and Poplar Health Department.

No resources were listed under the need area of housing. Housing was listed fourth in urban counties, seventh in semi-urban/rural counties and sixth in rural counties.

Counseling resources available consisted of four Mental Health Clinics, and two alcohol related services - A.A. and Al Anon for a total of six resources. It is worth noting that counseling was ranked first in urban counties and second in semi-urban/rural counties, while it was seventh in rural counties.

The final service need area in rural areas was family planning with only two resources available. These were a family planning clinic and an emergency pregnancy referral resource. Family planning was ranked as a greater priority need in the other geographical areas.

In the area of AFDC two of the service need areas had no services available while two others had only one. Thus, half of these areas had a total of only two resources. The other four service need areas are also much more

dependent on not only fewer resources, but the more traditional type resources, i.e. employment and training on Vocational Rehabilitation, WIN, and the employment service agency.

Child Welfare Services: Of the eight service needs in the area of CWS, there are only a total of fifteen resources available to SRS service workers.

Day care, rated first in priority service needs has no resources. This does not necessarily mean there are no day care homes available, but implies there are no day care centers, coordinating services (4 C's), residential treatment centers or the like.

Counseling is second as a service need and has a total of three resources available - all mental health centers.

Extension service is the only resource present for homemaker services.

There is one family planning clinic available for this service area which is ranked fourth.

Foster care, an important and necessary part of CWS, is ranked fifth and has one resource, the Faith Lutheran Home available for use.

Two of the last three service needs do not appear on either of the urban or semi-urban/rural lists of service needs. Authority to offer services on reservations is listed sixth in terms of priorities and has one resource available - Wolf Point and Poplar Health Department.

The eighth priority service need is medical-dental services and also does not appear on the other two geographical area lists in this manner. There are a total of six resources available, half of which are the public

health nurses.

Protective services was ranked seventh and listed two resources, both of which are the probation department. Protective services were listed as a greater service need area in both urban and semi-urban/rural areas.

Adult: Adult service needs in rural areas have most of the same service needs as the other two geographical areas with virtually no priority differences. Again, the areas will be listed by priority needs and the absence of resources in various areas will be noted.

Homemaker services, listed as extremely important in all geographical areas in adult service needs shows only one resource - extension office.

Transportation is ranked second and although not verified, might possibly use Red Cross as a resource.

Foster care for adults shows no resources available.

Medical services in general, rely upon public health nurses and hospitals. There were a total of eight listed in this area - five public health and three hospitals.

One county listed a Meals-on-Wheels program and this service need was listed as sixth in terms of service priorities.

There were three senior centers listed as available which have been considered as a resource under protective services.

The eighth and final service need area for adult services was substitute care facilities. There were four resources in this area - all nursing homes.

SUMMARY

It can be seen that many of the priority service needs do not seem to vary to a great extent in some of the geographical areas, although there are exceptions to this trend. The significant points which appear seem to be the following:

1. Very few resources are available for service workers in the rural counties and to a lesser degree in the semi-urban/rural counties.
2. A question of quality has to be raised in view of the apparent abundance of resources in specific areas while these particular areas are still listed as a priority service need area. If resources are available it appears need should diminish.
3. There appears to be a clear cut difference in workers' roles, job tasks, and responsibilities between urban counties and rural areas. This could be seen more clearly on a continuum with rural counties at one extreme with few resources and urban counties at the other extreme with abundant resources. Semi-urban/rural counties occupy the center on the continuum. The suggestion here is the differences between urban social work and rural social work, i.e. rural social workers would either have to be trained to provide a service normally available in an agency not considered S.R.S. or they should be able to possess expertise to develop such a resource - perhaps on a regional concept.

NEW SERVICE AMENDMENTS TO THE FAMILY AND ADULT PROGRAMS

The list of service need areas as listed by counties in Montana and the services itemized under the family service program and the adult service program of the recently enacted amendments to S.R.S. is not too far apart. Of all the priority service need areas there appear to be two in AFDC which are not included in the new service amendments; in CWS there are three; and in adult there are five. Each of these areas will be briefly discussed.

AFDC: In AFDC there are two areas which are not specifically addressed in the new amendments - family counseling services and outreach services. However, it does appear that each of these areas might be assumed under a service of the new amendments. Family counseling could be subsumed under the service of protective services for children. For under this section it reads: "This means responding to instances, and substantiating the evidence of neglect, abuse, or exploitation of a child; helping parents recognize the causes thereof and strengthening (through arrangement of one or more of the services included in the State plan) parental ability to provide acceptable care; or, if that is not possible, bringing the situation to the attention of appropriate courts or law enforcement agencies, and furnishing relevant data." The other service - that of outreach could be included under a number of new services, perhaps most appropriately that of number 12 - home management and other functional educational services.

CWS: In CWS there were three services listed by counties but not included by the new service amendments: counseling unwed mothers, adoptive services, and authorization to offer services on Indian reservations. The first two appear to be provided for by the new services included under protective services for children and protective services for adults. The

third dealing with Indian reservations appears to be an area outside the present jurisdiction of the new service amendments, therefore would most appropriately not be subsumed in the new services offered by the State and county S.R.S. offices.

Adult: In adult services there appeared to be five priority service needs listed by counties and not specifically included in the new service amendments. These include counseling services, friendly visiting, outreach services, community resource (referral and development) and more substitute care facilities. It appears that all of these could be included in two and possibly three service categories for adults; namely, under day care services for adults, foster care services for adults, and/or protective services for adults. A fourth service area, chore services could also be utilized to subsume community resource (referral and development.)

CONCLUSION

Thus, there is little doubt that of all the service needs listed by counties of various geographical areas and sizes, all but one could be and are accounted for under the new service amendments.

However, there is going to be a need for further development of resources, particularly in the rural and semi-urban/rural counties and/or greater training and expertise of service workers in these areas.

It would also appear that a higher quality of service resources is needed within the urban counties, however, this problem is outside the scope of the present paper.

APPENDIX 8

Categorical and Service Status Projections

Population Projections

SRS Client Projections

NATIONAL SERVICE REFORM PROJECT - NSR - 1115

Introduction

The new federal regulations governing services in the S.R.S. have changed, thus those with incomes of 150% of the state's financial assistance standards will be eligible for services. With these new changes and guidelines now available, the following report will attempt to isolate certain variables, needs, and services which will be affected by the new federal regulations.

This report will complete the work outlined in Paases I & II of the recommended National Service Reform Project - 1165, as approved by the federal government. Namely, the following broad areas will be covered in this paper: current categorical assistance - service status; analysis of social service needs and goals; resource evaluation; new service amendments to family and adult programs; and the conclusion. Under each of these areas the following information will be included: Under current categorical assistance - service status will be migration trends and projections; poverty and female headed households; and potential service needs. Under analysis of social service needs and goals will be needs and goals assessments; urban county correlation; semi-urban-rural county correlation; and rural county correlation; and conclusion of service needs and goal analysis. The third area of resource evaluation will contain the following information on resources: urban county - AFDC, CWS, and adult; semi-urban-rural county - AFDC, CWS, and adult; rural county - AFDC, CWS, and adult; and summary. The final two areas will contain the new service amendments to family and adult programs and the conclusion.

Current Categorical Assistance - Service Status

The July 1, 1972, population figure for Montana was 719,000 or an increase of 3.5% over the 1970 census figure of 694,409. As of February, 1973, there were 36,383 individuals who received financial aide from the Social Rehabilitative Services (hereafter known as the Department.) Of this total, 30, 157 were eligible for services under current regulations from the Department.

The statistics for all categories except AFDC (Aid to Families with Dependent Children) count each individual as a case while ADC counts each family as a case; thus, in order to insure uniformity, this report shall comply with this practice of counting an AFDC family as one case. Using these figures then, the total number of cases eligible for services in February, 1973, was 16,741. This includes 1,905 in nursing homes; 2,802 OAA recipients; 6,662 AFDC families; 182 ANB recipients; 3,030 APTD recipients; and 2,160 CWS cases.

One of the changes from the current regulations which will increase the needs for resources and service delivery systems is the area of adult aid categories which includes Aid to the Blind (AB), Aid to the Permanently and Totally Disabled (APTD), Old Age Assistance (OAA), and medical assistance. Individuals who qualify for medical assistance will be eligible for services as will those whose income lays 150% or less above the public assistance standard. This change from the current status will certainly increase service needs.

Trends in growth demonstrate the following:

Old Age Assistance: OAA has been reduced from 7,000+ recipients in 1960 to 2,802 in February, 1973. In January, 1968, there were 3,905 OAA

recipients in Montana. Thus there has been a net loss of 1,103 OAA recipients in the past 5 years. In the past 13 years the decrease has been even more appreciable - 4,398 or 62.8%.

Aid to Families with Dependent Children: Of all the public assistance programs, AFDC has grown the fastest over the years. Since 1968 there has been an increase of 3,973 or 60.6% in the total number of AFDC families. Since 1960, AFDC families have grown from less than 1900 families to the current total of 6,662 families.

Aid to the Permanently and Totally Disabled: APTD caseload has increased just less than 50% in the past five years, from 1503 cases to 2979 cases as of February, 1973. The increase since 1960 has been from 1400 in 1960 to the current total. From 1960 to 1968, the increase was around 100 cases, while from 1968 to 1973, it doubled.

Aid to the Needy Blind: ANB has been rather stable over the past few years having grown only five cases in the past five years - from 176 in January, 1968, to the current 181. However, ANB does not appear to be growing slowly each year, for in January, 1972, the number of cases was 187.

Child Welfare Services: CWS totals 2160 and includes children in their own homes, relatives' homes, foster homes, trial adoptive homes, child caring institutions, and an elsewhere category. The CWS caseload has remained rather stable over the past five years although there has been a slight increase.

Projections

Projections of future changes in the services within the Department must reflect current changes in the demographic characteristics of the State, of the trend in the migration patterns within the State, of the values of the people and the style of living of the people of Montana. Services should also show the changes in the rules and regulations for public assistance. Some of the demographic changes will now be discussed.

Birth Rates and Age Groups: A reduction in the birth rate within the State is going to further reduce the number of children in the age category five years and under. Birth rates have decreased from 95.3 per 1,000 in 1970 to 94.9 per 1,000 in 1971. In 1971 there were a total of 1172 recorded out-of-wedlock births in Montana. Changes in values as whether to keep or relinquish out-of-wedlock children will result in more women keeping their children, thus possibly raising the dependency needs of mother and child.

The number of children in the age category five years and under dropped appreciably from 1960 to 1970 and can be expected to continue to drop from its 8.2% of the total population.

The age groups 25 to 44 years have also decreased in numbers. High increases occurred in the age group 15 to 24, with smaller gains in the age groups of 45 to 64, and 65 and over. However, the OAA case count continues to drop in spite of this increase. Thus, we see the potential number of women of child bearing ages increasing the fastest while birth rates are dropping.

Migration, Growth Patterns, and Employment: The migration patterns within the State are such that they will effect resources and service delivery systems. Over the past ten years 42 counties in Montana showed population losses, with 28 losing more than 10% of their 1960 population. The two standard metropolitan areas (SMA) both gained approximately 13% population while nine other counties gained 13.3% or more.

Since the 1970 census these trends continue, generally rural losses and urban gains. There has been an out-of-state migration of approximately 56,000 individuals.

Of the five largest counties, four have gained anywhere from 3.8 to 5.6% increase in population since the 1970 census. Only one, Silver Bow has lost population, having decreased by 1% or 400 individuals. This loss may reflect a change in the employment area, namely the decrease in mining employment opportunities. For example, the area of mineral employment decreased from 15,000 in the 1950's to an estimated 4,000 in 1969. The development of the coal industry could offset this somewhat in the future, however, this remains to be seen.

Other areas of decrease in employment opportunities from 1960 will or has occurred in the areas of:

agriculture	16.5% to 12.1%
mining	3.1% to 2.2%
construction	4.7% to 4.3%
transportation & public utilities	8.1% to 6.3%
all other non-agricultural	12.8% to 10.7%

Increases will occur in manufacturing, real estate, finance, insurance, wholesale and retail, services, and government employment, but not enough to offset the losses.

In 1950, 53,000 people were employed in agriculture in the State - 23% of the total employment. In 1968, this figure was 34,000.

Economic Growth: The economic growth of Montana lags behind that of the U.S. in general.

In 1960 we accounted for .36% of the total of employed in the U.S. In 1970 this figure was .33%. Our unemployment rate in 1971 was 6.9% with only eight states having higher rates than this. By January, 1973, this figure was 9.2%. Approximately 44% of the Indian work force is unemployed in Montana.

Even though the birth rate is decreasing, the marriage and divorce rates continue to rise. In 1970 the marriage rate was 10 per 1,000 or nearly double the figure of 5.6 per 1,000 in 1965. The divorce rate, however, has also increased nearly two-fold from 2.8 per 1,000 in 1965, to 4.4 per 1,000 in 1970. Montana has one of the highest rates of divorce in the United States.

Projection

General: With the National Service Reform Amendments now completed, it appears that the number of potential individuals in the State eligible for services may increase to a greater number than are currently being served. The new regulations state that not more than 10% of the federal funds shall be paid in providing services to individuals who are not recip-

ients of aid or of assistance. This will affect the total number who actually receive services.

Although a total figure is somewhat difficult to compute, the maximum figure will be estimated and will be derived by taking 10% of the figures computed for 1978.

State Population Projections: According to the estimates, population is going to increase so that by 1975 the Montana population will be 712,000; by 1980 this figure will be 741,000; 1985 -779,000; and by 1990 it will be 816,000 or 122,000 more than out 1970 figure. An estimated 17.5% increase in less than twenty years.

However, the July, 1972, estimate was 719,000 or 7,000 more than the 1975 estimate. This then points out the tremendous growth now taking place in Montana.

With these data and estimates in mind the following predictions are made regarding increases and/or decreases over the next five years:

Old Age Assistance: The decrease in Old Age Assistance has slowed since the 1970 census and may be expected to continue this trend over the next five years, although the actual numbers will continue their decline. The number of OAA cases five years from now, February, 1978, will number 1877. This will be a decrease of 34% of the current 2802 active OAA cases. Estimates for potential service cases in OAA in 1978 are for a maximum of 2,064 individuals.

Aid to Families With Dependent Children: Increases in AFDC will push the total numbers up to at least 10,657 cases. This is based on an increase of only 12% per year, excluding population increases. This figure could rise to as much as 11,500 cases, depending on how quickly the population increases. With changes in styles of living, changing patterns in relinquishing or keeping an out-of-wedlock child, population migration patterns and economic development in the State, the later figure appears more realistic at this time and could be even higher. The 1978 service potential figure is estimated at 12,650 in AFDC.

Aid to the Permanently and Totally Disabled: With APTD increasing 50% since 1968, it is estimated this figure will rise to at least 4545. If population increases are taken into consideration this figure could easily top 5,000 by 1978. Thus, the potential of service cases could reach a maximum of 5,500 cases by 1978.

Nursing Home Care: The growth of nursing home care has been as great as that of AFDC, thus an appreciable increase will occur in this category from the current 1,905 to at least 3,047 and possibly as many as 3,450. As longevity increases, so will the numbers in nursing home care.

Child Welfare Services: The areas of CWS have increased the slowest of those categories increasing. Estimates put the number of CWS cases at a minimum of 2,600 and a maximum of 3,000 by 1978.

Aid to the Needy Blind: The size in number of ANB is not going to increase to any great degree. Taking population increases into considera-

tion, the number should remain under 210 for the entire state. This allows for a 15% increase in the next five years. The figure for services to blind individuals could be approximately 230 by 1978.

Poverty Status

There are currently 37,870 families living below estimated poverty standards in Montana or with incomes below \$4,999. Another 12,104 families live with less than \$6,000 incomes. According to census figures there were 67,994 persons living below the poverty level in 1970. As you recall, the Department assisted 36,383 individuals in the State in February, 1973.

In 1970, there were 46,105 females, 14 years or older whose spouse was either absent, separated, or divorced, or deceased. Excluding deceased spouses, this total was 16,248 females. The largest number of divorces or annulments for females occurs between the ages of 20-24.

Of the 91,000 women available for employment, 6,200 were unemployed in 1970. Over 85,000 were employed.

Although our labor force is large with both men and women employed, the number of families in poverty remains high. Montana ranked 33rd in per capita income for the United States in 1970. The average income of wage earners was 18% below the U.S. average of \$3900 even though we were 13% above the national average in 1948. It appears that Montana is not gaining nearly as fast as the nation as a whole as these figures point out.

Female Headed Households: Statistics for female headed households who may be potential public assistance recipients are extremely difficult to ascertain. According to the 1970 census, there were 11,488 separated or divorced women in Montana. Of these, over 9,000 were divorced. Further, there were a total of 6,973 female headed households below the poverty level. Thus, of the total of divorced and separated women in the State in 1970, 60.6% were below poverty level.

In January, 1970, there were a total of 3,668 AFDC families in Montana. For the most part these families were and are predominantly female headed households. Out of the total of separated and divorced women in Montana in 1970, 31.9% were receiving financial assistance from the Social Rehabilitation Service.

An interesting but unexplained statistic is that of the nearly 7,000 female headed households below the poverty level in Montana in 1970, only 3,668 or roughly half were receiving public assistance. This figure for February, 1973, is now 6,662. The rapid increase may be attributable to getting aid to more of the eligible people in the State.

An assumption made for the purposes of this report is that of the female headed households in the State - 13,791, many are near poverty or just above the poverty level. Keeping in mind that 7,000 were below the poverty level in 1970, then roughly half were above the poverty level. The distribution of female headed households probably conforms to the bell-shaped curve in terms of income distribution; thus with the new federal regulations encompassing the 150% income limit for eligibility, as many as 10,338 female headed households could be eligible for services.

Again, however, the 10% limitation may control this figure somewhat, but the fact remains that this number serves as a maximum in terms of potential service recipients.

Potential Service Needs

The need for increases in potential services within Montana is obvious by the previous discussion of population increases. By population increases alone the needs would increase by 1/5 in the next 17 years. The shifts in population location from rural to urban will also shift the service needs. Although we have only two SMA's, the urban problems experienced by cities around the country should alert us to potential service needs. Our minority population is increasing with the Indians totaling 35,000 in Montana. Blacks and other minorities are still a very small part of the total population, however, this does not decrease, in fact may increase the services needed to this small but growing target group.

With reduced birth rates, higher educational achievements, changes in employment markets and fewer children five and under, more individuals, particularly females will be freed for the labor market if they desire to go to work and will need some sort of training. This will increase needs in the area of jobs, educational opportunities, quality day care facilities, and training programs. Higher divorce and separation rates are going to contribute to these needs as well.

Other service areas may include home management type service and socialization type service to displaced adults. There will be an increased need for rural type services for those not desiring to leave their homes, i.e., in the forty-two counties currently losing population. This may increase the

need for regional or multi-county type services.

With the increases in urban living and all the stresses and problems associated with these changes, social services will be needed to help with maladjustments that occur.

APPENDIX 9

Summary of Project

NATIONAL SERVICE REFORM PROJECT - 1115

Summary*

Introduction

The new federal regulations governing services in the Social Rehabilitation Services have changed, thus, those with incomes of up to 150 percent of the State's financial assistance standards will be eligible for services.

This summary will cover the areas of current categorical assistance status; analysis of social service needs and goals; resource evaluation; and new service amendments to family and adult programs. Included will be migration patterns and projections; poverty status and female headed households; and potential service needs.

Current Categorical Assistance Status

On July 1, 1972, Montana's population was 719,000 or an increase of 3.5 percent of the 1970 census. As of February 1973, 36,383 individuals in the SRS received financial aid - of this total 30,157 were eligible for services under current regulations.

Using these figures the following were eligible for services - 1905 nursing homes, 2802 OAA recipients, 6662 AFDC families, 182 ANB, 3030 APTD and 2160 CWS. The total adds up to 16,741 cases for the total of 36,383 individuals.

* Full Report available through the State SRS Office.

Trends in Growth

OAA: Reduced 7000 plus since 1960 to current total of 2802 for a decrease of 62.8 percent.

AFDC: Has grown the fastest from 1900 in 1960 to current total of 6662.

APTD: Has increased 50 percent in five years, from 1503 in 1968 to current total of 2979.

ANB: Stable at 187

CWS: Stable over past five years with only slight increase to current 2160.

Population Projections

There is a birth rate reduction which is going to reduce the number of children in the age category five and under. They have decreased from 95.3 per 1000 in 1970 to 94.9 per 1000 in 1971. There were a total of 1172 out-of-wedlock births in Montana in 1971, however, it is anticipated more unwed mothers will keep children in future due to changes in values. The current 8.2 percent of children in age category birth to five can be expected to drop.

The age groups 25 to 44 have also decreased in numbers with high increases in the age groups 15 to 24, and smaller gains in the age groups of 45 to 64 and 65 and over. However, the OAA count continues to drop in spite of this increase. Thus, we see the potential number of child bearing ages increasing the fastest while birth rates are dropping.

Migration and Growth

Over the past ten years 42 Montana counties lost population, with 28 losing more than ten percent of their 1960 population. The two SMA's both gained around 13 percent while nine other counties gained 13 percent or more.

Since the 1970 census, rural losses and urban gains continue. Out-of-state migration totals 56,000 although this may expect to decrease substantially.

Economic growth in Montana lags behind the United States in general. In 1971, our unemployment rate was 6.9 percent with only eight states having rates higher than this. By January, 1973 this figure was 9.2 percent and there were at least 44 percent of the Indian work force unemployed in Montana.

Projections

We are currently increasing population at a much faster rate than estimated in 1970. Population in July, 1972 was 719,000 or 7,000 more than our estimate for 1975.

With these figures with following projections for categorical assistance are made:

OAA: In February, 1978 there will be 1877 OAA cases. Service estimates are for a maximum of 2,064.

AFDC: By 1978 there will be at least 10,657 cases. However, this figure could reach as high as 11,500. Service potential figures for AFDC in 1978 are 12,650.

APTD: By 1978 at least 4545 cases and 5500 services cases.

Nursing Home Care: Will be between 3,047 - 3,450 and as longevity increases, so will nursing home numbers.

ANB: By 1978 will reast at 210 with 230 service potentials.

CWS: Between 2600 - 3000 by 1978.

Although our labor force is large, the number of families in poverty remains high. Montana ranked 33rd in per capita income for the U.S. in 1970. However, the average income of wage earners was 18 percent below the U.S. average of \$3900 even though we were above the national average in 1948.

There are 13,791 female headed households in the state below or just above the poverty level.

Needs within the state will increase by 20 percent in the next seventeen years by population increases alone. Our minority population problems, primarily Indians remain acute.

The next section will be a brief summary of needs and goals for selected Montana areas. The county groupings for correlation purposes are:

<u>Urban</u>	<u>Rural</u>
Cascade	
Missoula	Richland
Silver Bow	Rosebud
Yellowstone	Wheatland
	Golden Valley
<u>Semi-Urban/Rural</u>	Petroleum
Custer	Musselshell
Gallatin	Phillips
Flathead	Valley
Hill	Daniels
Lewis and Clark	Roosevelt
	Sheridan

The correlation for social service needs will be broken down by service programs. In summary priority order of service needs for AFDC in Montana:

1. Day Care Services
2. Counseling (Marital & Parent-child)
3. Homemaker
4. Employment and Training
5. Family Planning
6. Housing
7. Transportation
8. Health Related
9. Mental Health
10. Outreach

Summarizing CWS service needs for the state:

1. Foster Care
2. Counseling (Marital, Parent-child, Unwed Mother)
3. Homemaker
4. Day Care Services
5. Protective Services
6. Family Planning
7. Adoptive
8. Medical - Dental
9. Authority to operate on reservations

Summarizing adult service needs for the state:

1. Homemaker
2. Housing
3. Adult Foster Care
4. Medical Services
5. Transportation
6. Protective Services
7. Counseling - Supportive and case maintenance
8. Community Resources - Development and referral
9. Services in Nursing Homes
10. Meals on Wheels
11. Friendly visiting
12. Outreach
13. Rehabilitation Services
14. More substitute care facilities

Goals

A summary of goals in AFDC statewide:

1. Enable families to function as well as possible within their own community

2. Aid families to remain intact and function independently.
3. To protect children and be their advocate.

CWS Statewide goals:

1. Protect the child and be his advocate.
2. Provide for adequate independent functioning families
3. To have more realistic planning for children.
4. To provide for efficient foster care services

Adult Statewide goals:

1. Help adults live independently in their own homes
2. Enable adults to have a role in the community
3. Protect adults who cannot act on their own behalf.

With the identification of service needs, resources and service goals, the attention of the project was focused towards the development of an information system that would measure the effectiveness of the service delivery system established. It was decided to aid the development of the CASS system or as it is now called MOSIS. A programmer was hired under project funds and from then until the end of the project a system that was barely limping along was refurbished to one that stands ready to become a workable adjunct to Montana Social Services. By working on the technical problems of MOSIS and by emphasizing the importance of an information system, the project gave Montana Social Services an available information system.

Resources

Although the priority service needs do not seem to vary to a great extent in some of the geographical areas, there are exceptions to this trend. The significant points which appear seem to be the following:

1. Very few resources are available for service workers in the rural counties and to a lesser degree in the semi-urban/rural counties.

2. A question of quality has to be raised in view of the apparent abundance of resources in specific areas while these particular areas are still listed as a priority service need area. If resources are available need should diminish.
3. There appears to be a clear cut difference in workers' roles, job tasks, and responsibilities between urban counties and rural counties. This could be seen more clearly on a continuum with rural counties at one extreme with few resources and urban counties at the other extreme with abundant resources. Semi-urban/rural counties occupy the center of the continuum in terms of resources.

The suggestion here is the differences between urban social workers and rural social workers, i.e. rural social workers would either have to be trained to provide a service normally available in an agency not considered SRS or they should possess expertise to develop such a resource - perhaps on a regional concept.

New Service Amendments to the Family and Adult Programs

The list of service need areas as listed by counties in Montana and the services itemized under the family service program and the adult service program of the recently enacted amendments to SRS is not too far apart. Of all the priority service need areas there appear to be two in AFDC which are not included in the new service amendments; in CWS there are three; and in adult there are five. Each of these areas will be briefly discussed.

AFDC: In AFDC there are two areas which are not specifically addressed in the new amendments - family counseling services and outreach services. However, it does appear that each of these areas might be assumed under a service of the new amendments. Family counseling could be subsumed under the service of protective services for children. For under this section it reads: "This means responding to instances, and substantiating the

evidence of neglect, abuse, or exploitation of a child; helping parents recognize the causes thereof and strengthening (through arrangements of one or more of the services included in the State Plan) parental ability to provide acceptable care; or, if that is not possible, bringing the situation to the attention of appropriate courts or law enforcement agencies, and furnishing relevant data." The other service - that of outreach - may be included as a component of a specific defined service or it may be part of the agency's administrative planning.

Categorically Related Children's Services: There were two services listed by counties but not included in the new service amendments: counseling unwed mothers and adoptive services. The first appears to be provided for in the new services under protective services for children and under family planning services. Adoptive Services are not provided for under services specifically for categorically related children. All Adoptive Services should be considered Child Welfare Services.

Child Welfare Services: The regulations for child welfare services have not changed. The need identified related to dealing with Indian reservations appears to be an area outside the present jurisdiction of SRS; therefore, most appropriately, would not be subsumed in the new services offered by the State and County SRS Offices.

Adults: In adult services there appeared to be five priority service needs listed by counties and not specifically included in the new service amendments. These include counseling services, friendly visiting, outreach services, community resource (referral and development) and more substitute care facilities. It appears that all of these could be included in two and possibly three service categories for adults; namely, under day care services for adults, foster care services, and/or protective services.

STATE OF MONTANA
SOCIAL AND REHABILITATION SERVICES
INTER-OFFICE CORRESPONDENCE

FROM: Community Services Division

Date February 26, 1973

TO:

RE: Social Service Need and Resource Assessment

Don Sekora, who is on leave of absence from his Social Service Specialist duties to implement Social Service Reform Programs on a state level, will be in your county in the near future to obtain social service information. Please check the enclosed schedule as to the date and time he will be in your county.

The first element of information that he will want to discuss with you and your service staff or service supervisors is what service needs you may have. It would be helpful if your service staff would compile a priority list of service needs for each program area. We would like to suggest a list of 8 service needs in priority order of need for AFDC clients, a list of 8 service needs in priority order for Child Welfare clients and 8 service needs in priority order for Adult Clients. You can use the service manual as your guideline or any other source. Please do not include in the listing the client's need for more money or the counties need for more workers.

At the time of Mr. Sekora's visit, he would also like to discuss with you and your service staff what goals are hoped to be achieved by the services they have listed. It would again be helpful if you listed two or three broad goals for each program area. We are not looking for Social Work Goals but a statement in your own words of what you hope to accomplish by the services you feel you should be giving.

Another element of information Mr. Sekora hopes to obtain is a list of Community Resources that help meet the service needs of clients in your area. Please again list these according to what program area they serve and also give a brief statement of what services are offered by each resource listed. If your community has compiled a current resource directory, that would be helpful for Mr. Sekora to obtain.

The last bit of information Mr. Sekora needs is in the numerical area. He will want to know how many client children are in day care, how many are in foster care and how many children are receiving child welfare protective services in your county at the time of his visit. He will want

to know how many adults are in Adult Foster Care in your county. The last statistic he wants to obtain is how many clients are receiving Family Planning Services either counseling or clinical services.

We realize that we are again making demands on an already over extended service staff, but we are now faced with making some very serious decisions on Social Service Planning and this information is vital to that planning since we feel that input from the line service worker is tremendously important.

Thank you for your time and effort in this matter.

FAMILY AND ADULT SERVICES BUREAU

Margaret Stuart

Margaret Stuart, Chief

CHILD WELFARE SERVICES BUREAU

Joseph H. Roe

Joseph H. Roe, Chief

MS/JHR/rew

APPENDIX "B"

Statistics requested by Letter in Appendix "A" *

COUNTIES	CHILDREN IN DAY CARE	CHILDREN IN PROTECTIVE SERVICES	CHILDREN IN FOSTER CARE	FAMILY PLANNING	ADULTS FOSTER CARE
Cascade	350	264	124	1000	5
Custer	14	31	18	28	0
Flathead	138	100	43	unk	0
Gallatin	30	11	16	unk	0
Hill	45	40	13	60	0
Lewis and Clark	197	153	67	41	6
Missoula	99	88	27	120	0
Richland	9	72	10	0	0
Rosebud	62	84	38	40	0
Silver Bow	127	48	55	38	22
Wheatland	1	0	3	0	0
Yellowstone	447	134	197	35	55
<u>Glasgow SSA</u>					
Phillips	2	6	14	10	0
Valley	98	0	18	106	2
TOTALS	1619	1031	553	1478	90

* This information coupled with the needs analysis information gives us another field based tool from which plans can be made.

ADDENDUM

NATIONAL SERVICE REFORM PROJECT - 1115

Purpose

The previous report compiled by us on the National Service Reform Project - 1115 was complete and comprehensive, however, did not completely define terms which field personnel or we used in writing our report. After discussing service needs and goals we realized that in order to ascertain what field personnel meant by conseling, homemaker services, outreach services, etc., a questionnaire to them would be most useful. Thus a questionnaire comprised of twelve questions was devised with the purpose to determine what various significant concepts in the area of services and needs meant to individuals responsible for delivery of these services.

Approach

It should be recalled that various concepts of service reoccur throughout the report compiled by us, regardless of whether we are talking about urban, semi-urban/rural, or rural geographical areas and regardless of whether we are discussing AFDC, Adult or CWS services and needs. These common areas were therefore determined and the decision made to obtain specific interpretation by deliverers of services. Thus, the questions contained in the questionnaire include questions in the following areas: Homemaker services, family planning, day care and foster homes, counseling, advocacy, employment services and protective services for both children and adults. Questions offered a choice of a minimum of five and a maximum of six responses. Respondents were asked to rank order their responses from most preferred to least preferred.

Constraints

In administering the questions to service deliverers certain constraints were present. No identification was requested, thus no correlation is possible between geographical areas. The questions did not leave room for the service deliverer's own definition or response if it differed from those listed in the questionnaire. Some areas of questioning were not included in order to keep the questionnaire brief and to help insure expediency by field personnel.

APPENDIX 10

Goals For Social Services In Montana

GOALS FOR SOCIAL SERVICES IN MONTANA

In discussing service goals, we have to keep in mind that their purpose is to keep practitioners focused on what we are attempting to enable a person to accomplish. A service goal can be defined as that status of functioning in a person's life which allows that person to function at his individual best.

The following goals for services were identified by the line service workers from the twenty Montana counties that were visited by the Project Director in March. The goals offered have subsequently been summarized into five basic goals which were previously mentioned. They are:

1. Promote and strengthen family life
2. Self-support
3. Self-sufficiency
4. Child Protection
5. Adult Protection

Goals Definitions and Service Examples

Promote and Strengthen Family Life - This means enabling the family to remain intact and to prevent disintegration.

To accomplish this goal, such services as helping the family identify and work through stress creating problems, enforcing family strengths by involving the family in positive family experiences such as church activities, recreation activities, and social activities offering supportive services to alleviate stress such as homemaker services, child care services, or home functioning instructions.

Self-Support - to achieve and maintain a feasible level of employment and economic self-sufficiency.

Services included in accomplishing this goal would include evaluating or securing evaluation of a client's potential for employment locating

and enabling the client to get the appropriate job training, serving to secure needed medical care for the client so as to allow him to obtain or maintain employment and finally help to remove employment barriers. Services to remove employment barriers include locating adequate housing compatible to the employment situation, securing transportation to the job, securing adequate child care where it is needed, and helping the client to secure adequate work tools and clothing.

Self-sufficiently - This means to achieve and maintain personal independence and self-determination.

Services in this area would include helping the client to secure needed medical care and also preventative medical care, offering temporary supportive services to a client such as homemaker services, chore services, or home health aide services, locating and helping clients to function in areas that support independent functioning such as senior centers, volunteer activities, self help groups, or home functioning classes.

Child Protection - This is where the agency acts on behalf of a child when that child is in danger of becoming neglected, abused and exploited.

Services offered here are first those listed under goal number 1, Promote and Strengthen Family Life identified above. Keeping the child in his own home by offering a constelation of services listed above is a basic agency service function. If that activity fails, then the agency must offer services in the area of obtaining either temporary or Permanent legal custody and then placing the child in an adequate care situation such as a foster home or an adoptive home. With legal custody the agency must offer services to enable the child to develop adequately, thus such services as securing any monetary entitlements the child is eligible for and protecting those, helping the child to take advantage of any educational opportunities, and

enabling the child to secure any needed medical services become appropriate to meet the goal of child protection.

Adult Protection - This means the agency acting on behalf of adults who, due to mental or physical limitations, are in danger of becoming neglected, abused, and exploited.

Services here would include enlistment of friends or relatives to help the client, supportive services like chore services, home health care, or homemakers, serving needed medical care, helping them to locate safe living conditions, and in severe situations, placing adults in protective settings such as adult foster care homes, personal care homes or nursing homes. The agency may find it necessary to obtain legal protection for an adult in the form of securing guardianship for that person. Legal involvement may become very necessary in those cases of exploitation.

Conclusion

We have identified five basic service goals which in a sense could be called the agency service objectives. The services listed for each goal are mainly illustrative and are by no means to be considered inclusive. With an establishment of agency goals, the type, focus, and purpose of the services offered to clients in Montana becomes more meaningful. More specific and explicit goals and what they may include shall be incorporated as the manual revisions progress.

APPENDIX 11

Status of CASS Development

STATUS OF CASS DEVELOPMENT

As indicated in the revised Task Plan for the Project (Appendix 3) Task 7 was to monitor the development of CASS, the Case Administrative Service System. The following is a report on the monitoring of that System.

Historical Background of CASS

In September of 1971, a committee consisting of agency personnel was formed to locate and help implement a social service information system for the agency. This Committee selected the CASS System as the most feasible information system and thus became known as the CASS committee. Through the efforts of this committee, CASS was developed for testing in Cascade, Gallatin and the five rural counties of the Glasgow project. Members of the committee visited Oklahoma to see CASS in operation. In October and December of 1971, training sessions were held for the test areas and data began to come in from the field. Some information was fed to the computers but no meaningful reports were compiled. CASS limped along with only the support of the CASS committee when it appeared as though the federal government would not support it. With strenuous efforts of members of the CASS committee and the dedicated workers in the field, CASS survived with little improvement or advancement until this service reform project began. In December of 1972 the name of CASS in Montana was changed to MOSIS - Montana Service Information System.

When the idea of a Service Reform Project was being formulated, it was felt that a reasonable component of any successful service delivery system would be an information system. Since the groundwork for a system had been laid by the work done on MOSIS, it was decided to give that system impetus through the project. In March of 1973, with support from the NSSR project, MOSIS began to develop until it reached its current status.

Status of MOSIS at Beginning of Project

1. Montana had attempted to adopt the system from Oklahoma. The first system was sent but we were not in any position to implement it. When CASS II arrived, it had been changed so much it was completely unadaptable to Montana's situation.

2. A sufficient amount of time was not made available to reprogram the computer properly. The programs there were written had problems and their design was poor.

3. The imput forms used were of a different character then the computer in Montana could adequately and correctly accept.

4. The keypunch format was inefficient and resulted in inordinate amounts of time being needed to key punch cards and thus turn around time was very poor.

5. There were many features and date fields that were of no real value to us and their real purpose was unknown.

6. No reports were being produced by the system.

7. Last, nobody in the field really knew what the capabilities of MOSIS were and thus many guesses were made and instructions were incomplete or lacking. MOSIS was not really working and was far from being ready to implement statewide.

Current Status of MOSIS

At the start of the NSSR project in February, it was felt that bringing MOSIS closer to a workable system required a full time programmer who was hired from project funds. Work began immediately to find out what the technical problems of the system were and to correct them.

Through a series of meetings that were held between Data Processing people, NSSR Project staff and consultants, and the CASS Committee, many

problems were resolved and MOSIS now stands ready to be implemented state-wide.

Accomplishments with MOSIS as a Result of the NSSR Project

1. New paper size for output reports. Paper size was reduced from 11" x 14" paper to 9" x 11" which allows reports to be put in case folders without having to be folded.
2. The format for punching cards have been changed to increase efficiency. Keypunch errors have been reduced and turn around time improved.
3. Editing of imput forms has been changed. If the forms have not been filled out properly when they are sent in, an easy error correcting method has been developed to quickly fix these forms and get them back to the computer.
4. Reports have been debugged and are now ready to run at any time. Date elements have been added so we may fulfill any future reporting requirements.
5. Case number is still the family unit number, but CASS will accept social security numbers as the case number. This would make social service files compatible with income maintance files for easy cross-reference.
6. The number of computer programs have been reduced by eight and will decrease computer production costs as well as document turn around time.
The point at which MOSIS is at this time is that it is an available system that stands ready to provide social service information to the social workers in the field, their supervisors, and also to provide needed information to the planners and program people on both the state and federal levels.

APPENDIX 12

Manual Revision Status

2010 INTRODUCTION

The Community Services Division is one of the operating Divisions of the State Department of Social and Rehabilitation Services. The State Department of Social and Rehabilitation Services, according to the provisions of Montana Law, has supervisory responsibility, and in specified instances administrative responsibility for social services programs in the district and the county department of public welfare.

The Community Services Division has responsibility for direct services to recipients of categorical assistance and certain former and potential recipients as identified by the state, within applicable Federal regulations. The Community Services Division also has responsibility for Child Welfare Services including direct services to children in their own homes, placement services including adoption and foster family care and institutional placement, and protective services on behalf of children which relate to cooperation with the County Attorney's office and the Judges of the District Courts. The division, under the rules and regulations of the state department, has responsibility for setting standards, and licensing child-placing and caring agencies and facilities. Community organization services within the division include 4 C's, Youth Development, Aging, Children and Youth Services.

2020 ADMINISTRATIVE RESPONSIBILITY

The Community Services Division is under the general direction of the Administrator of the Community Services Division who in turn is directly responsible to the state Director of the Department of Social and Rehabilitation Services.

The division cooperates with other divisions in the department for the effective and efficient administration of the total Social Services program.

2030 SUPERVISORY RESPONSIBILITY

The Administrator of the division is responsible for general program supervision, direct supervision of the bureau chiefs for Youth Development Bureau, Child Welfare Services Bureau, Family and Adult Services Bureau, Social Service Field Bureau, Aging Services Bureau and the Directors of the 4 C's unit and the Children and Youth Services Unit. The Social Service Field Bureau is responsible for policy implementation in the field for the categorically-related services and Child Welfare Services.

2040 POLICY AND PROCEDURES

The Director of the Department of Social and Rehabilitation Services is responsible for final approval of new and modified policies and procedures. Policy and procedures are developed by the appropriate Bureau or Unit at the direction of, and subject to the approval of the Division administrator.

Community Services staff members are encouraged to evaluate and suggest needed changes in current operations and make suggestions for new policies and procedures to their immediate supervisor who will route suggestions to the Administrator of the Community Services Division.

2040 POLICY AND PROCEDURES (continued)

The Administrator of the Community Services Division is responsible for planning coordination with other divisions and agencies and working with the Centralized Services Division around budgets and financial arrangements for the Divisions.

2050 LOCAL SINGLE ORGANIZATION UNIT

The agency separation plan provides for an identifiable single organizational unit at state and local level with responsibility for categorically-related services and Child Welfare Services. The purpose is to assure a unified and productive program of services, as defined by the agency, Quality and quantity of services to persons served by the Child Welfare Services Bureau and the Family and Adult Services Bureau will be reported through the Montana Service-Information System.

The single organizational unit must be responsible for all mandatory and optional services included in state plans, i.e., all direct services (whether provided by agency staff or through purchase arrangements).

The Community Services Division is the single organizational unit at the State level. Responsibilities include development of policies and program guides related to services and the proper implementation of such policies. For these purposes, policy matters are those which affect the population to be served, the general priorities of service, the kinds of services to be provided, the level of quality of service and the utilization of other divisions and agencies in providing services.

Single organizational units will be established in each local agency carrying responsibility for the local development, supervision or provision of services. In accordance with the state agency's plan regarding local administering agencies, the single organizational unit may be in a local county or city agency or in state agencies serving other geographically defined areas, e.g., regional areas. Local staff with responsibilities for implementing the state agency's program of services must be located in or subject to the policy direction and implementation control of the single organizational unit in the local agency. This policy formation and implementation must be in harmony with the State Department Directives with respect to mandatory and optional services.

A single unified program of services does not preclude differential assignments of staff in state and local single organization units.

2060 PERSONNEL

County Social Services staff is selected and appointed by county welfare Boards under the rules and regulations of the Joint Merit System and the Personnel Unit of the Department of Social and Rehabilitation Services. Professional staff in each county should be sufficient to implement an effective service program as indicated by the county staffing pattern agreed on by the local, regional or county personnel staff and the Chief of the Social Services Field Bureau.

2060 PERSONNEL (continued)

State staff personnel in the Community Services Division are appointed by the Director of the Department of Social and Rehabilitation Services in accordance with the rules and regulations of the Joint Merit System plan and on recommendations of the Administrator of the Community Services Division.

All personnel actions are considered by the Personnel Officer of the Department of Social and Rehabilitation Services. Recommendations for action are made to the state Director who makes the final decision. The Personnel Officer implements the recommendations and decisions.

Use of subprofessional Personnel

Agencies are required to use subprofessionals as extensively as possible. Subprofessionals include all persons performing work related to professional activities on a salaried basis. Examples of subprofessional employees are social service aides, outreach workers, homemakers, home health and day care aides. Priority will be given to employment of recipients and other persons from low-income families.

Use of Volunteers

Volunteer services are established at county level in terms of the most effective use of this service according to the needs of the caseload. Volunteers can be used to provide such services as friendly visiting; assisting in day care facilities and institutions; providing escort service and chore service; assembling information for surveys and studies; and acting in advisory capacities to state and local agencies. Expenses connected with the volunteer program such as travel reimbursement and supplies may be met on a shared state-county basis. Local planning and implementation will include state department guidelines and concurrence.

2070 COORDINATION WITHIN THE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

There will be coordination among all the divisions of the department to promote the welfare of children, adults and their families. This will be done at all levels from state office through regional staff to county operations. It will include policy development, services to be provided, intake plans, inter-referral of cases for direct and indirect services, consultation and community planning. Staff development coordinates all activities related to staff training and education. The objective is to provide the most effective services.

Coordination of Local Office Activities - Local staff assigned to the Community Services Division is administratively responsible to the county director. Social Service supervision is provided by the Social Service Supervisor at the county or district level, according to the size of the county.

Cases Which Shall be Referred to the Supervisor of Social Services

The unmarried mother and her child

Protective services, i.e., children who are or may be abused, neglected or exploited.

Cases where separation of child from parents is being considered
Interstate placement of children

Children of whom the department is planning to take custody

Referrals from judges for social studies of children except adjudicated delinquents.

Cases Which may be Referred to Supervisor of Social Services

Day Care

Homemaker Services

Behavior Problems

Parent-Child Conflict

Physically and Mentally Handicapped Children

Staffing Process Community Services Division

The caseworker who is carrying the case will record the reasons for staffing and discuss them with the immediate supervisor. Arrangements will then be made for a staffing conference and will include appropriate staff if staffing is approved by the supervisor.

